

Council of Governors public

Thu 09 October 2025, 15:30 - 17:20

MS teams

Agenda

15:30 - 15:35 **Agenda**

5 min

 CGo.10.25.0 - Council of Governors Agenda 9.10.25.pdf (2 pages)

15:35 - 15:35 **CGo.10.25.1 - Apologies for absence**

0 min

Information Chair

15:35 - 15:35 **CGo.10.25.2 - Declarations of Interest**

0 min

Information Chair

 CGo.10.25.2 - Declarations of Interest.pdf (1 pages)

15:35 - 15:35 **CGo.10.25.3 - Minutes of the meeting held 10 July 2025**

0 min

Approval Chair

 CGo.10.25.3 - Unconfirmed COG minutes - 10.7.25.pdf (9 pages)

15:35 - 15:35 **CGo.10.25.4 - Matters arising**

0 min

15:35 - 16:05 **CGo.10.25.5 - Holding to account**

30 min













CGo.10.25.5a - Chairs report

Assurance Chair

 CGo.10.25.5a - Report from the Chair.pdf (3 pages)

CGo.10.25.5b - NED feedback: reports from Board




Assurance NEDs

-  CGo.10.25.5b - NED Feedback (reports from the Board) (cover).pdf (1 pages)
-  CGo.10.25.5b - Appendix 1 - Report from the Chair of the Quality Committee - June 2025.pdf (2 pages)
-  CGo.10.25.5b - Appendix 2 - Report from the Chair of the Quality Committee - July 2025.pdf (2 pages)
-  CGo.10.25.5b - Appendix 3 - Report from the Chair of the Quality Committee-Sept 2025.pdf (3 pages)
-  CGo.10.25.5b - Appendix 4 - Report from the Chair of the Finance & Performance Committee - June 2025.pdf (2 pages)
-  CGo.10.25.5b - Appendix 5 - Report from the Chair of the Finance & Performance Committee - July 2025.pdf (2 pages)
-  CGo.10.25.5b - Appendix 6 - Report from Chair of Finance & Performance Committee - Sept 25.pdf (2 pages)
-  CGo.10.25.5b - Appendix 7 - Report from the Chair of the People Academy - June 25.pdf (2 pages)
-  CGo.10.25.5b - Appendix 8 - Report from the Chair of the People Academy - July 25.pdf (2 pages)
-  CGo.10.25.5b - Appendix 9 - Report from the Chair of the People Academy - Sept 2025.pdf (2 pages)
-  CGo.10.25.5b - Appendix 10 - Report from the Chair of Audit Committee Sept - 2025.pdf (2 pages)
-  CGo.10.25.5b - Appendix 11 - Report from the Chair of the Charitable Funds Committee - August 2025.pdf (1 pages)

CGo.10.25.5c - Chief Executive's report

Assurance Chief Executive

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-  CGo.10.25.5c - CEO Report Public Board September 25.pdf (10 pages)
-  CGo.10.25.5c - Appendix 1 - NOF metrics.pdf (1 pages)
-  CGo.10.25.5c - Appendix 2 - Building on our progress in the second half of 2025-26.pdf (5 pages)

16:05 - 16:15 **CGo.10.25.6 - Staff survey results**

10 min


Assurance *Head of OD*

-  CGo.10.25.6 - Staff Survey presentation.pdf (7 pages)

16:15 - 16:25 **CGo.10.25.7 - Communications headlines**

10 min

Assurance *Strategic Communications & Engagement Lead*

-  CGo.10.25.7 - Communications headlines presentation.pdf (10 pages)

16:25 - 16:35 **GGo.10.25.8 - External Auditor annual report 2024-25**

10 min

Assurance *External Auditor*

-  CGo.10.25.8 - External Auditor Annual Report 2024-25.pdf (22 pages)

16:35 - 16:45 **CGo.10.25.9 - Digital Strategy**

10 min

Assurance *Chief Digital & Information Officer*

16:45 - 16:55 **CGo.10.25.10 - Freedom to Speak UP**

10 min

Assurance *Chief Nurse*

-  CGo.10.25.10 - FTSU presentation.pdf (14 pages)

16:55 - 17:00 **CGo.10.25.11 - Policy and Procedures Task and Finish Group**

5 min

Information *Board Secretary*

-  CGo.10.25.11 - Policies and procedures task and finish group update.pdf (2 pages)

17:00 - 17:10 **CGo.10.25.12 - Community Engagement - Feedback from Black Health Forum community engagement event**

10 min

Assurance *Board Secretary*

-  CGo.10.25.12 - A summary of our response to attendees of the Bradford Black Health Forum event.pdf (2 pages)

17:10 - 17:15 **CGo.10.25.13 - Any other business**

5 min

Information *Chair*

17:15 - 17:15 **CGo.10.25.14 - Review of meeting**

0 min

17:15 - 17:15 **CGo.10.25.15 - Date and time of next meeting**

0 min

Information *Chair*

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Council of Governors Meeting Agenda

Date	Thursday, 9 October 2025	Time	3.30pm to 5.20pm
Venue	MS teams	Chair	Sarah Jones, Chair

16:05 - 16:15 - Cat Shutt, Staff survey results
 16:15 – 16:25 - Shak Rafiq, Communications headlines
 16:25 - 16:35 – Nicola Wright, Deloitte, External Auditor report
 16:35 – 16:45 - Adam Griffin and Steve Manns, Digital Strategy item
 16:45 - 16:55 - Sue Franklin, Freedom to Speak Up

Observer
 Daniel Balaz, Connecting Roma

Time	No.	Agenda Item	Lead	Outcome	Papers attached
3.30pm	CGo.10.25.1	Apologies for absence <ul style="list-style-type: none"> Helen Jepps, Staff Governor David Moss, Director of Estates & Facilities (Chris Danson representing) 	Chair	For information	Verbal
	CGo.10.25.2	Declarations of interest	Chair	For information	CGo.10.25.2
	CGo.10.25.3	Minutes of the meeting held 10 July 2025	Chair	For approval	CGo.10.25.3
	CGo.10.25.4	Matters arising	Chair	For information	Verbal
3.35pm	CGo.10.25.5	Holding to Account			
	CGo.10.25.5a	a. Chair's report	Chair	For assurance	CGo.10.25.5a
	CGo.10.25.5b	b. NED feedback: reports from Board	NEDs	For assurance	CGo.10.25.5b
	CGo.10.25.5c	c. Chief Executive's report	Chief Executive	For assurance	CGo.10.25.5c
4.05pm	CGo.10.25.6	Staff survey results	Head of OD (Cat Shutt)	For assurance	Presentation
4.15pm	CGo.10.25.7	Communications headlines	Strategic Communications & Engagement Lead (Shak Rafiq)	For assurance	Presentation
4.25pm	CGo.10.25.8	External Auditor report (annual report and accounts)	External Auditor	For assurance	CGo.10.25.8
4.35pm	CGo.10.25.9	Digital Strategy	Chief Digital & Information Officer	For assurance	Presentation
4.45pm	CGo.10.25.10	Freedom to Speak Up	Chief Nurse	For assurance	Presentation
4.55pm	CGo.10.25.11	Policy and Procedure Task and Finish Group	Board Secretary	For information	CGo.10.25.11
5.00pm	CGo.10.25.12	Community engagement: <ul style="list-style-type: none"> Feedback from Black Health Forum community engagement event 	Board Secretary	For assurance	CGo.10.25.12

Time	No.	Agenda Item	Lead	Outcome	Papers attached
5.15pm	CGo.10.25.13	Any other business	Chair	For information	Verbal
	CGo.10.25.14	Review of meeting	Chair	For information	Verbal
5.20pm	CGo.10.25.15	Date and time of next meeting 15 January 2026, 3.30 - 5.30pm	Chair	For information	Verbal

This meeting of the Council of Governors will take place virtually. The agenda and papers are available on our website. Any Foundation Trust Member or member of the public can raise questions regarding the business of the Council of Governors. Questions should be submitted no later than 4pm on the Tuesday prior to the meeting either in writing to the Board Secretary, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ or, by email to corporate.governance@bthft.nhs.uk

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Employee	Year	Interest Type	Date Incurred	Date Ended	Role	Interest Description (Abbreviated)	Provider	Value E's
Aleksandra Atanaskovic	2024/25	Nil Declaration	26.11.2024		Governor			0
Andy Waller	2024/25	Loyalty Interests	02.07.2024		Governor	Son-in-law - Robert (Rob)Taylor, works as a Registrar within ENT at BTHFT.	BTHFT	0
Anne Forster	2021/22,2022/23,2023/24	Outside Employment	18.06.2021		Governor	Employee University of Leeds strong links with the Stroke Association primarily providing research advice.	University of Leeds	0
Charlotte Walker	2024/25	Nil Declaration	10.03.2025		Head of Business Management			0
David Wilmshurst	2024/25	Nil Declaration	01.10.2024		Governor			0
Dermot Bolton	2021/22,2022/23,2023/24	Outside Employment	01.02.2022		Governor	Senior Programme Manager in Frontline Digitisation. Part of NHS England Transformation Directorate	NHS England	0
Emma Fleary	2024/25	Nil Declaration	12.02.2025		Specialist Midwife			0
Farideh Javid	2024/25	Nil Declaration	06.02.2025		Governor			0
Fozia Shaheen	2024/25	Nil Declaration	31.03.2025		Governor			0
Helen Fearnley	2024/25	Nil Declaration	07.02.2025		Lead Tissue Viability ANP			0
Helen Jepps	2024/25	Nil Declaration	03.12.2024		Consultant Paediatrics			0
Helen Rushworth	2024/25	Nil Declaration	12.03.2025		Governor			0
Ibrar Hussain	2021/22,2022/23,2023/24	Loyalty Interests	08.06.2021		Governor	Trustee of charity	Save the Mothers Trust (SMT)	0
Ibrar Hussain	2024/25	Nil Declaration	18.03.2025		Governor			0
John Waterhouse	2024/25	Nil Declaration	16.10.2024		Governor			0
Mark Chambers	2020/21,2021/22,2022/23,2023/24	Outside Employment	01.08.2020		Governor	COO	Emmanuel Schools Foundation	0
Mark Chambers	2021/22,2022/23,2023/24	Outside Employment	01.10.2021		Governor	trustee/director	North Star Academies Trust	0
Mark Chambers	2022/23	No Change to existing declar	12.04.2022		Governor			0
Mohammed Ellam	2025/26	Nil Declaration	26.06.2025		Governor			0
Mohammed Osman	2025/26	Nil Declaration	03.07.2025		Governor			0
Philip Turner	2024/25	Nil Declaration	08.08.2024		Governor			0
Ruth Houghton	2023/24	Nil Declaration	17.08.2023		General Manager Adult OPD CPBS and Med Rec			0
Ruth Houghton	2023/24,2024/25	Outside Employment	10.03.2024		General Manager Adult OPD CPBS and Med Rec	Domestic Abuse Charity	Trustee of Staying Put	0
Sharon Taylor	2024/25	Nil Declaration	28.10.2024		Governor			0
William Martin	2024/25	Outside Employment	01.05.2024		Governor	Dean, Faculty of Health Studies	University of Bradford	0

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Unconfirmed Minutes - Council of Governors Meeting in Public

Date	Thursday, 10 July 2025	Time	15:30-16:45
Venue	MS teams	Chair	Sarah Jones, Chair
Present	<ul style="list-style-type: none"> - Sarah Jones, Chair (SJ) - Aleksandra Atanaskovic, Public Governor, Shipley (AA) - Dermot Bolton, Public Governor, Bradford West (DB) - Mark Chambers, Patient Governor and Lead Governor (MC) - Helen Fearnley, Staff Governor, Nursing & Midwifery (HF) - Emma Fleary, Staff Governor, Nursing & Midwifery (EF) - Professor Anne Forster, Partner Governor, University of Leeds (AF) - Ruth Houghton, Staff Governor, All other staff groups (RH) - Dr Farideh Javid, Public Governor, Bradford South (FJ) - Dr William Martin, Partner Governor, University of Bradford (WM) - Osman Mohammed, Public Governor, Keighley (MO) - Helen Rushworth, Partner Governor, Healthwatch (HR) - Councillor Fozia Shaheen, Partner Governor, Bradford Metropolitan District Council - Sharon Taylor, Public Governor, Bradford South (ST) - Charlotte Walker, Staff Governor, All other staff groups (CW) - Andy Waller, Public Governor, Rest of England and Wales (AW) - John Waterhouse, Public Governor, Bradford East (JW) - David Wilmshurst, Public Governor, Shipley (DW) 		
In attendance	<ul style="list-style-type: none"> - Zafir Ali, Non-Executive Director (ZA) - Julie Lawreniuk, Non-Executive Director (JL) - Bryan Machin, Non-Executive Director (BM) - Karen Walker, Non-Executive Director (KW) - Renee Bullock, Chief People & Purpose Officer (RB) - John Bolton, Chief Medical Officer (JB) - Professor Karen Dawber, Chief Nurse (KD) - Mark Hindmarsh, Director of Strategy & Transformation (MH) - Vikki Lewis, Chief Digital & Information Officer (VL) - David Moss, Director of Estates & Facilities (DM) - Ben Roberts, Chief Finance Officer (BR) - Chris Danson, Deputy Director of Estates - Transformation (CD) – representing David Moss, Director of Estates & Facilities - James Taylor, Deputy Chief Operating Officer (JT) – representing Sajid Azeb, Chief Operating Officer - Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) - Shak Rafiq - Strategic Communications and Engagement Lead (SR) – for agenda item CGo.7.25.6 		
Observers	<ul style="list-style-type: none"> - Andrew Hughes, ANHH Consulting 		

No.	Agenda Item	Actions
CGo.7.25.4	Apologies for Absence <ul style="list-style-type: none"> - Imran Ellam, Public Governor - Helen Jepps, Staff Governor, Medical & Dental - Ibrar Hussain, Public Governor, Bradford West 	

No.	Agenda Item	Actions
	- Philip Turner, Public Governor, Keighley	
CGo.7.25.2	Declarations of Interest MC declared an interest in relation to agenda item CGo.7.25, Role of the Lead Governor. It was agreed that it was appropriate for MC to remain in the room for this item and to be part of the discussion and decision.	
CGo.7.25.3	Minutes of the meeting held on 10 April 2025 The minutes were accepted as a correct record.	
CGo.7.25.4	Matters Arising <p>SJ announced that Andrew Hughes and Cindy Jones from ANHH Consulting, who are governance specialists, will be observing all sub-committees, boards and COG meetings throughout July as part of a governance review.</p> <p>SJ introduced and welcomed new governors and executives to the meeting including Osman Mohammed, Public Governor for Keighley, Vikki Lewis, Chief Digital & Information Officer, and John Bolton, Chief Medical Officer.</p> <p>SJ referred to the action log appended to the minutes. The Council noted and agreed the outcomes to the following actions:</p> <ul style="list-style-type: none"> - <u>CGo2501 – Inclusion of Healthwatch in QC meetings</u> - LP and SJ agreed to discuss with Healthwatch, outside of the meeting – action to remain open. - <u>CGo2502 – Letter from Naz Shah for circulation to governors</u> – action closed. - <u>CGo2503 – Policies and procedures task and finish group – role of lead governor</u> – action closed. - <u>CGo2504 – Vice Chair role</u> - LP confirmed that the role at Calderdale & Huddersfield is of a Deputy Lead Governor and this will be considered as part of the agenda item CGo.7.25.10 – action closed. - <u>CG2409 – Item on the BTHFT Summary Hospital-level Mortality Indicator (SHMI) data</u> – item deferred to October 2025 meeting – item to remain open. - <u>CG2411 - Item on Freedom to Speak Up for the Council</u> – item deferred to October 2025 meeting – item to remain open. - <u>CG2408 - Council of Governors work programme</u> – item deferred to October 2025 meeting – item to remain open. - <u>CG23006 – Recruitment timescales</u>– item deferred to October 2025 meeting – item to remain open. 	
CGo.7.25.5	Holding to Account a. Chairs Report <p>SJ presented a summary of her report and the following key points were noted:</p> <ul style="list-style-type: none"> o Two new local Chairs have been appointed in the region, John Lawlor at Airedale NHS Foundation Trust and Tony Kildare at Leeds Teaching Hospitals NHS Trust. o Three new governors had joined the Council, Osman Mohammed, Imran Ellam and Helen Jepps. Four governors' terms had ended since the previous meeting - Khalid Choudhry, Farzana Khan, Helen Wilson and Kursh Siddique. SJ thanked them for their service to the Council of Governors. b. NED feedback (reports from Board)	

No.	Agenda Item	Actions
	<p>People Academy: KW presented the key highlights from the report.</p> <ul style="list-style-type: none"> ○ Sickness Absence: Sickness absence has been around 6% for the last two years, with a focus on absence management policies, skills, occupational health, and well-being. Governors enquired about the potential impacts on quality and staff morale and how managers could support improvements. There was a focus on supporting staff to return to work and supporting stress-related absence through resilience training. A leadership development programme has also been implemented which several hundred staff have attended. ○ Staff Survey Results: The staff survey showed a 7% increase in response rate, with scores above the national average in eight of the nine 'people promise' dimensions and 19 of the 21 sub-themes. Areas for improvement include recognition, career progression and flexible working. Due to a slight increase in staff experiencing discrimination, a deep dive has been undertaken to understand the reasons for this. AW emphasised the importance of celebrating the positive staff survey results and praised KW for her role in challenging the team. ○ Equality Standards: Improvements in workforce race and disability equality standards were noted, including increased ethnically diverse representation on the board and better access to non-mandatory training. Disabled staff representation had also increased, with more disabled applicants being shortlisted and hired. ○ International Recruitment: The Trust has focused on retaining international nurses, with improvements in the onboarding experience and high support for international staff. The People Academy tracks retention and experience of international nurses. There have been 182 nurses recruited over the last 10 years. ○ Training Survey: The National Education and Training Survey results showed positive learning experiences and opportunities at the Trust, with the highest scores in 11 of the 13 domains across the region. Areas for improvement include undermining discrimination, sexual safety, and well-being which is a national picture overall. <p>Quality Committee: JL presented the key highlights from the report.</p> <ul style="list-style-type: none"> ○ Maternity Statistics: JL shared maternity related statistics from March and April, noting three stillbirths and four neonatal deaths over two months, with no maternal deaths and one reportable Maternity and Newborn Safety Investigation (MNSI). The Trust is seeing positive trends in reducing stillbirths and neonatal deaths. ○ Blood stocks Alert: JL reported that the Trust was alerted to blood stocks being on amber, but a mitigation plan is in place to manage the situation. The Trust is focusing on stewardship of supplies and using alternatives to blood where possible. MC sought further detail on the Trust's role, and JB explained that NHS Blood and Transplant (NHSBT) manage blood collection, while the Trust focuses on stewardship of supplies and using alternatives to blood. ○ A&E Performance: JL discussed the increasing numbers of patients using A&E and the Trust's strong performance in treating patients within four hours despite the rise in demand. The Trust ranks highly nationally and regionally for the emergency care standard. ○ Annual Reports: The Quality Committee reviewed the annual reports for the insight report and quality oversight profile. The committee is planning a deep dive into benchmarking claims numbers compared to other trusts and is assured by the level of reporting and learning from incidents. 	

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No.	Agenda Item	Actions
	<p><u>Finance and Performance Committee:</u> JL presented the key highlights from the report.</p> <ul style="list-style-type: none"> o Emergency Care: JL highlighted the Trust's strong performance in emergency care standards, with patients being admitted, transferred, or discharged within four hours. The Trust ranks highly nationally and regionally for emergency care performance. JL provided an update on the plans for a new or improved A&E department and the practicalities of that. DM noted that an Estates strategy will be produced which will focus on the regeneration of the site, which will include A&E. HR was pleased to hear of the plans around extending and improving A&E for improving patient experience and the work being undertaken with the Trust and Healthwatch. o Financial Plan: The financial plan for 2025-2026 includes a forecasted deficit of £17 million and a Closing the Gap programme of £33 million is expected. The Trust aims to improve performance despite financial challenges and will monitor progress against detailed schemes throughout the year. o Treasury Management: JL reported that the Trust did not need cash support in 2024-2025 but expects to require it later in the current financial year. Cash management is crucial for paying wages and bills, and the Trust will seek cash support if needed. o Operational Plans: The Trust is implementing operational improvement plans for urgent and emergency care and referral to treatment. These plans are reviewed quarterly to ensure progress in improving performance and addressing delays. o St Luke's day case unit delays: JT explained the delays in opening the day case unit due to issues with ventilation and water verification, and the measures being taken to re-provide the expected activity through weekend operations and insourcing at BRI. o Endoscopy Unit Progress: DM provided an update on the endoscopy unit, stating that it is progressing well with only a potential two-week delay, and efforts are being made to catch up on the delay before Christmas. <p><u>Audit Committee:</u> BM presented the key highlights from the report.</p> <ul style="list-style-type: none"> o Ward accreditation: The limited assurance report was discussed at the May Audit Committee meeting and the progress on actions was discussed. o Internal audit reports and recommendation tracking: Continued focus is required on updating and completing recommendations. Whilst a new process has been introduced this issue has been a continuing concern for the Audit Committee for some time and Executive colleagues are asked to pay specific attention to the timescales they agree with the auditors for recommendations to be implemented. <p><u>Charitable Funds Committee:</u> BM presented the key highlights from the report.</p> <ul style="list-style-type: none"> o Staff Lottery issues: BM provided an update on the actions to date and the process for redress if necessary and to ensure actions are taken to prevent a recurrence. o Finance report: There is a shortfall against budget due to a reduction in income for the Neonatal Unit 'home from home' appeal due to vacancies in the team. o Move to independence: The independence timeline is on track for April 2026, pending trustee recruitment. 	

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No.	Agenda Item	Actions
	<p>c. Chief Executive's Report: MH highlighted key points from the Chief Executive's report.</p> <ul style="list-style-type: none"> ○ Car parking improvements: A phased launch is planned over the late summer of the automatic numberplate recognition system. ○ Thrive conference: The conference took place in May with the theme 'Belonging throughout the ages: past, present, and future'. The event was well attended with over 280 colleagues. ○ NHS 10-year plan: MH highlighted the three key themes of prevention, neighbourhood health and more care in the community, and technology. The plan emphasises the need for the Trust to be agile and ready to respond to opportunities that arise. <p>DB referred to the system-wide EDI leads meeting held on 30 April in relation to the Supreme Court ruling on the Equality Act 2010 definition of 'sex' and queried whether this had included representation from women's rights groups. MH highlighted the importance of engaging with all staff networks and advised that a gender equality network had recently been formed. KD provided background on the Trust's policy in relation to transgender patients and staff, and the work undertaken by the Trust to maintain the dignity of all. DB felt that the Trust had to act in relation to the Supreme Court ruling to ensure compliance with existing laws to avoid any potential legal challenges. SJ confirmed that further clarity would be provided regarding the Trust's position.</p> <p>The Council received and noted the reports.</p>	<p>Chief Nurse CGo2506</p>
CGo.7.25.6	<p>Communications headlines SR provided an update on strategic communications, covering the following points:</p> <ul style="list-style-type: none"> ○ The NHS 10-year plan has a new set of staff standards which will be introduced in April 2026 with the focus on international recruitment moving towards recruitment from the local communities. One of the changes to the Foundation Trust model is the removal of the requirement to have governors. Healthwatch England will also be closed down. Providers and commissioners will be measured against clear metrics as there is a move back to league tables. ○ The Dr. Penny Dash review into patient safety took place which mapped the overall current landscape of bodies that undertake regulatory or non-regulatory activity with respect to quality. All nine recommendations have been accepted by the government. ○ The national investigation into maternity and neonatal services was launched by the Secretary of State to investigate up to 10 maternity and neonatal units addressing inequalities that women from Black, Asian and deprived backgrounds face. <p>The Council agreed that this item would be included as a standard item on each COG agenda.</p> <p>HR expressed concerns about the potential closure of Healthwatch and emphasised the importance of maintaining an independent watchdog organisation to ensure robust and representative health and care systems. SJ confirmed that the Trust would continue working with Healthwatch Bradford despite the proposed changes in the 10-year plan.</p> <p>DB questioned what plans the Trust had for the implementation of the NHS Digital</p>	<p>Board Secretary CGo2507</p> <p>Chief Digital &</p>

No.	Agenda Item	Actions
	<p>app and the updated digital strategy. SJ suggested a paper be brought back to the October COG meeting.</p> <p>SJ reassured governors that they continue to be an essential part of the governance of the Trust and work will continue as normal until further guidance is received as part of the 10-year plan.</p> <p>The Committee noted the update provided.</p>	Information Officer CGo2508
CGo.7.25.7	<p>Matters raised with Governors by members, patients and the public</p> <p>No matters were raised.</p>	
CGo.7.25.8	<p>Appointments to Governors Nominations & Remuneration Committee (NRC)</p> <p>LP explained that there are three vacancies on the Governors NRC. Initially there were four nominees, however one withdrew leaving three nominees. The Council was therefore asked to approve the appointment of the three remaining nominees who were HJ, PT and AW.</p> <p>DB noted the 5:1 ratio of men to women on the Committee and SJ confirmed that this will be reflected on as further vacancies become available.</p> <p>The Council approved the appointment of HJ, PT and AW as members of the Governors Nomination and Remuneration Committee with immediate effect, for a period of three years or until their period as a governor comes to an end (whichever occurs first).</p>	
CGo.7.25.9	<p>Annual members meeting proposal</p> <p>JM announced the date and agenda for the annual members meeting, scheduled for Monday 6 October 2025, and proposed the keynote presentation on the neonatal 'home from home' appeal by the charity team.</p> <p>The Council agreed the proposal.</p>	
CGo.7.25.10	<p>Role of Lead Governor</p> <p>LP presented the revised Lead Governor role description, which includes additional elements and specifies that the lead governor should be a public or patient governor to avoid any conflict of interest from staff or partner governors.</p> <p>LP agreed to progress conversations regarding the appointment of a Deputy Lead Governor to support the Lead Governor role. Anyone interested in the role would shadow the work of the Lead Governor so when a vacancy arises there are trained governors available to take on the role.</p> <p>The Council approved the amendments to the Lead Governor role description as proposed.</p>	Board Secretary CGo2510
CGo.7.25.11	<p>Any other business</p> <p>No other business was discussed.</p>	
CGo.7.25.12	<p>Review of meeting</p> <p>No feedback was received.</p>	
CGo.7.25.13	<p>Date and time of next meeting</p>	

No.	Agenda Item	Actions
	9 October 2025, 3.30pm	
CGo.7.25.14	Resolution to move into private session The Council approved the resolution to move into private session, by reason of the confidential nature of the business to be transacted.	

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Actions from the Council of Governors meeting held 10 July 2025

Date of Meeting	Action log ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
	CGo2510		Next number in sequence			
10.7.25	CGo2509	CGo.7.25.10	Role of Lead Governor LP agreed to progress conversations regarding the appointment of a Deputy Lead Governor to support the Lead Governor role. Anyone interested in the role would shadow the work of the Lead Governor so when a vacancy arises there are trained governors available to take on the role.	Board Secretary	October 2025	No expressions of interested received – anyone interested in the Lead Governor role is asked to contact LP and/or MC to discuss opportunities for shadowing MC.
10.7.25	CGo2508	CGo.7.25.6	Communications headlines Paper to be provided by VL on the Trust's plans for the implementation of the NHS digital app and the updated digital strategy	Chief Digital & Information Officer	October 2025	Item added to October agenda. <u>Action closed</u>
10.7.25	CGo2507	CGo.7.25.6	Communications headlines Item to be added to the COG workplan as a standard item at each meeting.	Board Secretary	October 2025	Workplan updated. <u>Action closed</u>
10.7.25	CGo2506	CGo.7.25.5	Holding to account – Chief Executive report SJ confirmed that clarity will be provided on the Trust's position and actions in relation to the points raised regarding the Supreme Court ruling.	Chief Nurse	October 2025	Verbal update to be provided.
10.4.25	CGo2501	CGo.4.25.5	Holding to account – NED feedback Quality Committee HR suggested the inclusion of a member of staff from Healthwatch Bradford join the QC meetings. JL agreed to consider this further and confirm with HR.	Board Secretary	October 2025	LP and SJ agreed to discuss with Healthwatch, outside of the meeting – action to remain open To be discussed with HR.
17.10.24	CG2409	CGo.10.24.6	NED feedback – Quality Committee An update on SHMI data progress will be presented to a future COG.	Chief Medical Officer/QC Chair	October 2025	Item deferred to October 2025. See Quality Committee September chair update. <u>Action closed</u>
17.10.24	CG2411	CGo.10.24.6	NED feedback – People Academy SJ suggested Sue Franklin is invited to a future COG meeting to do a deep dive on FTSU.	Board Secretary	October 2025	Item deferred to October 2025. Included on October agenda. <u>Action closed</u>

Date of Meeting	Action log ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
18.7.24	CG2408	CGo.7.24.12	Council of Governors work programme This item was deferred to allow for actions from the Governor Policy & Procedure task and finish group to be incorporated into a revised work plan.	Head of Corporate Governance	October 2025	Item deferred to October 2025. This item has been added to the list of documents for final review by the Policy and Procedure Task and Finish group and will be re-presented to the Council once the work of the group has concluded. <u>Action closed.</u>
28.4.23	CG23006	CGo.4.23.5	Summary of pre meeting with NEDs DW raised a concern around the length of time it takes to recruit staff in the early stages. FL agreed to note the discussion and examine the process	Acting Director of HR	October 2025	10.07.25 – Item deferred to October 2025. 16.01.25 - Included on the January meeting agenda. Item unable to be discussed due to the suspension of the meeting. Item deferred to a later date – to be confirmed. 23.10.24 – Update to be provided in January 2025 to allow for the outcome of the reviews to be presented to the People Academy. 18.7.24 – RB agreed to provide a briefing note at the October COG meeting in relation to the three reviews taking place on policies, recruitment process and progression.

Osbourne Sheridan
08/10/2025 11:27:56

COUNCIL OF GOVERNORS PUBLIC				
Meeting Date:	09/10/2025	Agenda Reference:	CGo.10.25.5a	
Report Title:	Report from the Chair			
Presented by:	Sarah Jones, Chair			
Executive Lead:	Sarah Jones, Chair			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input checked="" type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<p>This report provides an update to the Council of Governors on key items since my previous report provided in July 2025. The report covers</p> <ul style="list-style-type: none"> • Engagement with Partners / Stakeholders • Reference to key updates • Governor elections • Update on NED appointments • Feedback to Governors following the Board meeting in September • Site visits • Brilliant Bradford Awards / Equality Diversity and Inclusion Conference • Annual Report and Accounts 2024/25 • Next meeting of the Board of Directors • Key communications 			
Recommendation/s: (including any decision/approval required)	The Council of Governors is asked to note the report.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	N/A			

Report from the Chair

1. Engaging with Partners and Stakeholders

Following their appointments, I have had introductory meetings with the new Chair of Airedale NHS FT, John Lawlor and the new Chair of Leeds Teaching hospitals, Antony Kildare.

To support the ongoing work around collaboration at Place, John and I have agreed to meet on a regular basis, which I very much welcome.

Starting this month, I have taken on the role of lead Chair for the WYAAT CiC for the next 6 months. As well as the quarterly meetings, I am introducing a mid-period progress update meeting and a programme of rotating the quarterly meetings across the different WYAAT sites so partners can showcase their innovative work practices. This will begin with our Trust hosting the October meeting and showcasing our Command Centre.

2. Key updates

As required by the undertakings, we commissioned a Governance review by ANHH Consulting. This has now concluded and the findings have been reported to the September meetings of the Integrated Quality Improvement Group (IQIG) and the Board of Directors and will be discussed with the Council of Governors.

Following discussions post the publication of the 10 Year Plan, we shall be arranging a strategic discussion group, involving Board members and Governors, to consider our local population health needs, the views of patients and how we might shape our future strategy. We will be joined by colleagues from the Bradford District and Craven Integrated Care Board team. Outcomes will be reported back at a future Council meeting.

Following our July Board meeting, when we heard the Patient story about a renal patient, I have been to our Skipton Renal Unit to meet the gentleman and his wife and hear more of their experiences. The team at Skipton were enormously welcoming and the patients I met were extremely positive about the care they received.

3. Governor elections update

Our election process launched on 9 September with a call for nominations to be submitted by the deadline of 7 October. Where an election is held then voting will open on 29 October and close on 21 November. Following any required checks, it is hoped that the majority of colleagues will be in place by the new year. As a reminder, we are seeking to fill the following eight vacancies:

- Patient (Out of Bradford) (2 seats)
- Bradford West
- Shipley (2 seats)
- Bradford South
- Allied Health Professionals and Scientists (AHP&S)
- 'All other' Staff Groups (Admin & Clerical, Estates & Ancillary and, Additional Clinical Services)

I will update the Council on the position regarding nominations at our meeting.

4. Update on new NED appointments

I am pleased to advise that both Tim Swift and Justine Andrew have now taken up their appointments as Non-Executive Directors. Tim joined the Board on 1 September and Justine on 1 October. Profile

information regarding Tim and Justine (alongside all other Board members) is available [here](#) on our Trust website.

5. Feedback to the Council following Board of Directors meetings

I shared feedback with Governors on 30 September providing a comprehensive update on items discussed and outcomes from our September Board meeting. I will be sharing feedback with Governors from the November Board meeting on 2 December from 4pm to 5pm. I have invited the Interim Associate Director of Quality and, the 'Moving to Outstanding Lead' to join us at that session to provide an overview of the Trusts '15 Step Challenge' programme'. I would be grateful if governors would confirm if you are able to attend.

6. Site tours

Just a last-minute reminder that site tours in support of our Governor induction programme are scheduled for Wednesday 8 October. These site visits enable Governors to understand more about the work of Bradford Institute of Health Research, our Trust's Education Service (including the Simulation Centre) and our estate in terms of site usage and our capital programme. The full programme runs from 10am to 4pm. Governors are asked to note that Non-Executive Directors have also been invited to join the site tours. I look forward to receiving feedback from those who have confirmed their attendance.

7. Brilliant Bradford Awards / Equality Diversity and Inclusion Conference

I am pleased to advise that invitations have been extended to all Governors to join our Board members and Trust staff at both the Brilliant Bradford Awards on 16 October, where the Trust honours the outstanding achievements of our colleagues and, our first-ever Equality, Diversity and Inclusion conference on 22 October.

8. Annual Report and Accounts 2024/25

I am pleased to advise that the Annual Report and Accounts 2024/25 was 'laid' before parliament in September. We are now permitted to share the report and it is available [here](#) on our website. The revised date for our Annual Members meeting where the report will formally be presented to our members and the public will be confirmed shortly.

9. Next meeting of the Board of Directors

As a reminder, the next meeting of the Board of Directors is scheduled for 27 November 2025. This will be held in the Listening for Life Centre, Bradford Royal Infirmary from 9.30am to 12.30pm. As is the usual practice, the agenda and meeting papers will be published on our website [here](#)¹ in advance of the meeting. Governors are encouraged to observe the meeting where their schedules permit.

10. Key communications

Our Foundation Trust members have continued to be in receipt of 'Mel's monthly roundups' featuring news from across the Trust. The most recent communication for September is now available online [here](#)². Key communications also continue to be shared with Governors so that they you can remain in touch with developments here at our Trust. Governors also continue to have access to Let's Talk (staff newsletter) and global emails containing a range of updates to staff.

¹ Board of Director meeting papers are available here <https://www.bradfordhospitals.nhs.uk/our-trust/bod-meetings/>

² Membership news for September is available here <https://www.bradfordhospitals.nhs.uk/our-trust/membership-news/e>

PUBLIC COUNCIL OF GOVERNORS				
Meeting Date:	09/10/2025	Agenda Reference:	CGo.10.25.5b	
Report Title:	NED Feedback (reports from the Board)			
Presented by:	Committee/Academy Chairs			
Executive Lead:	Committee/Academy Chairs			
Author:	Sheridan Osbourne, Corporate Governance Officer			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input checked="" type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<p>The reports from the Chairs of the Academy/Committees provided to the Board at the meetings held in July 2025 and September 2025 are attached as follows:</p> <ul style="list-style-type: none"> • Appendix 1 - Quality Committee Chair report (June 2025) • Appendix 2 - Quality Committee Chair report (July 2025) • Appendix 3 - Quality Committee Chair report (Sept. 2025) • Appendix 4 - Finance & Performance Committee Chair report (June 2025) • Appendix 5 - Finance & Performance Committee Chair report (July 2025) • Appendix 6 - Finance & Performance Committee Chair report (Sept. 2025) • Appendix 7 - People Academy Chair report (June 2025) • Appendix 8 - People Academy Chair report (July 2025) • Appendix 9 - People Academy Chair report (Sept. 2025) • Appendix 10 - Audit Committee Chair Report (Sept. 2025) • Appendix 11 - Charitable Funds Committee Chair Report (August 2025) <p>The reports are written by the Academy / Committee Chairs themselves to provide an overview of how the meeting 'felt' including the quality of debate, papers, reassurance/assurance provided, rather than providing a summary of the meeting (which is the purpose of the minutes).</p>			
Recommendation/s: (including any decision/approval required)	The Council of Governors is asked to note the reports for assurance.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:				
Legal/Regulatory:				
Quality & Patient Safety:				
Equality, Diversity and Inclusion and Health Equity:				
Resources:				
Environmental sustainability:				
Assurance Route				
Meeting/s where content has been discussed previously:	Committee/Academy meetings and Board of Directors			

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.7

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 19th June 2025

Key escalation and discussion points from the meeting

Alert:

Advise:

Matters Arising – The Chief Medical Officer updated the Committee on how the Trust prepares for dealing with the hot weather. He advised the amber warning received, triggers certain mitigations to be implemented such as relaxation of the staff uniform policy, using mobile air conditioning units and water stations.

Risks – One new risk re tuberculosis referrals had been added to the register; none had been closed, and one had changed in score. The Committee was updated on the new risks and those that had changed in score and was assured that all risks have been identified and are being managed appropriately.

Maternity and Neonatal Services – The Quality Committee was assured by the contents of the Maternity and Neonatal (Perinatal) Services Update. During May there was 1 Stillbirth and 5 Neonatal Deaths (3 of which were babies with mothers receiving antenatal care in other units transferred for tertiary cots). A regional review has taken place and no immediate safety concerns had been identified at the time of the visit.

Assure:

Learning from Deaths Annual Update – there were 1,438 patients who died during 2024/25 and the Learning from Deaths Team has taken numerous actions following reviews. The Trust remains committed to learning in line with National Guidance on Learning from Deaths. The Committee was assured by the contents of the report.

Insights Annual Update 2024/25 – the Committee was assured by the annual update and that the Trust is demonstrating learning and improvement from key quality metres to improve the quality of care, patient experience and performance.

Cyber Assessment Framework and aligned Data Security and Protection Toolkit – notification has been received from NHS England that due to the introduction of the new model, the compliance confirmations for all NHS Trusts will not be published until the end of July 2025 to allow time for those organisations who have not met the standards to submit an improvement plan. The Head of Information Governance did confirm however that BTHFT has met the standards. The Committee approved the toolkit.

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.7

Senior Information Risk Officer SIRO Report – the Head of Information Governance presented the Senior Information Risk Owner (SIRO) Report which provided an overall summary of the information governance position. The Committee was pleased to see that Information Governance mandatory training levels had achieved 91%.

Mental Health Update – the report provided an update on the work relating to the Mental Health, Learning Disabilities and Neurodiversity Strategy specifically addressing the points relating to mental health including, partnerships, individuals detained under the Mental Health Act, trauma informed care, complex care and Accident and Emergency Transformation.

Safeguarding Adults and Children’s Annual Reports – The Committee thanked the teams for the safeguarding updates given to the Committee in relation to both adults and children and acknowledged the proactive work and training undertaken by both teams and the assurance provided. Both documents were approved for submission to the Integrated Care Board.

Quality Account 2024/25 – the Head of Corporate Governance shared with the Committee the final Quality Account 2024/25. The Committee approved the document and thanked everyone for their contributions to the report.

Palliative Care Annual Report - The Committee noted the report and information provided.

Report completed by:

Julie Lawreniuk, Quality Committee Chair and Non-Executive Director,
3rd July 2025

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 17th July 2025

Key escalation and discussion points from the meeting

Alert:

Advise:

Matters Arising – The Committee discussed the pace at which national directives are happening, a discussion took place on the need for us to be fleet of foot in delivering and reacting to these changes and the need to appropriately capture these changes in our quality strategies.

Risks – No new risks had been added to the register; 1 had been closed but will be modified and readded and three had reduced in score in score. The Committee was assured that all risks have been identified and are being managed appropriately. The Interim Associate Director of Quality updated the Committee on the work that has been underway with CSUs to “clean” the risk register and improve risks assessments included in the register.

Quality Committee Dashboard – the CMO updated the Committee on the increased SHMI score and the work ongoing to ensure that we are confident that our crude mortality has reduced and that the increased score is a reflection of clinical coding behaviours and other coding issues. An update will be presented to the Committee in September of work that is underway to ensure that the score is correct. the Chief Nurse advised the Committee on the increasing number of falls reported in the dashboard. The Committee was assured by the fact that although the overall number of falls had increased the number of falls with significant harm has reduced.

Maternity and Neonatal Services – The Quality Committee was assured by the contents of the Maternity and Neonatal (Perinatal) Services Update. During June there was 2 Stillbirth and 2 Neonatal Deaths and 1 indirect late maternal death. The Secretary of State for Health announced in June that there would be a rapid review of 10 maternity and neonatal services. At the time of the Quality Committee there was no indication to suggest that Bradford is one of the ten organisations although communications did suggest there would be some organisations within the 10 whose maternity and neonatal services had improved.

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.8a

Assure:

Board Assurance Framework Quarter 1 – The Committee approved the framework recognising the work that is ongoing to improve it.

Quality Oversight and Assurance Framework – The Committee was assured by the level of reporting, analysis, learning and improvement in cases but requested more evidence to support that the increasing number of incidents is due to improved reporting and not increased harm to patients.

Screening Quality Assurance Service Report (SQAS) – in March, the SQAS conducted an inspection of the Pennine Breast Screening Service. The inspection revealed no immediate concerns, indicating that the breast screening services are overall functioning well and meeting the required standards. A number of actions were identified where the service could be improved and an action plan has been developed to detail and monitor these steps. It was pleasing to see that a number of actions in the plan had already been completed.

Nursing and Midwifery Strategy Update – the Committee received an update on the current strategy, launched in 2022 and noted progress against delivery of the strategy. A discussion took place on the need to align any new strategy to the new 10 year plan and new digital initiatives.

Improvement Strategy Annual Progress Report – the Committee were pleased to see the work underway to embed our improvement Strategy across the Trust. A good discussion took place on how we can come together better to learn. A further update will come to either October or November's meeting to share plans and progress.

Trust Strategic Framework – the Quality Committee noted the continued development of the new Trust's Strategic Framework and supported the proposed composite metrics for the Quality Objective.

Report completed by:

Julie Lawreniuk, Quality Committee Chair and Non-Executive Director,
17th July 2025

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.12

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 18th September 2025

Key escalation and discussion points from the meeting

Alert:

Risks – the risks have been reviewed and made concise and specific; this means some risks are closed and some new risks created. There are 4 new risks, no risks past their target mitigation date, 4 have been closed and 1 risk has reduced in score. Risks 2756 (A&E length of stay), 2758 (patients seen in acute crisis causing violence and aggression) and risk 2753 (insufficient capacity for in hospital haemodialysis) have replaced old risks. Risk 2773 (increased medical supervision for children with medical complexity) is new. Risk 2654 has reduced from 16 to 12 as improvements have been made to the financial reporting and patient documentation completeness of clinical coding. The Committee were assured by the in depth review of risk reporting and improvements made to the quality of risk descriptors and mitigation actions.

SHMI/Clinical Coding – an update was provided on clinical coding (translating written descriptions of patient diagnosis, conditions and treatment into standardised codes) and its impact on the SHMI data following several previous discussions at the Quality Committee. The SHMI has decreased but specific issues have been identified that are impacting the accuracy of the data, such as ‘hidden’ activity going unrecognised, erroneous recording, and ward attenders admitted as inpatient activity. The impact is a dilution of the reporting case mix, distortion of the national benchmarking, inflation of readmission data and a negative skew of the perceived quality of care. The Committee were assured by the clinical coding transformation plan that has been developed to address the issues and improve data integrity, operational efficiency and benchmarking.

Advise:

Quality Oversight and Assurance – there were 1396 safety incidents recorded for July and 1343 for August, with reporting static but higher than the same time last year indicating an improved incident reporting culture. There is a clear escalation process in place and evidence of learning from incidents. Emerging themes from over the summer relate to erroneous completion of the WHO checklist, breast milk storage issues, food intolerances, flushing of cannulas, patients listed on EPR for incorrect procedures, dermatology results being issued to the wrong consultant and inappropriate transfer of patients from Airedale Hospital to BTHFT. Assurance was taken from the continuous improvement in incident reporting and the level of learning and improvement from incidents.

Maternity and Neonatal Services – the Director of Midwifery provided a robust update on Maternity and Neonatal Services covering the report shared with the Health Overview and Scrutiny Committee in July, the Saving Babies Lives Q4 report, progress on the Three Year

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Date	25 September 2025	Agenda item	Bo.9.25.12

Plan, benchmarking against the Five X More 25 follow up report and the Perinatal Quality Surveillance Model data. They also shared that the CQC were wrapping up a two day inspection at the point of the Committee, and that the Trust had been included in the National Maternity and Neonatal Investigation, although they were unaware of the trigger resulting in the Trust's inclusion in the investigation.

The HOSC report outlined the improvement and assurance journey of the services since 2018 to date including the current challenges, future plans, and areas the council could support in building public confidence and improving maternal and neonatal outcomes through targeted messaging. The report was positively received. The July and August data showed 2 stillbirths, 1 Neonatal death and 1 HIE. The peer review of the Saving Babies Lives data showed that the MIS standard had been met and overall compliance in Q4 was 91% with robust improvement actions in place. The Five X More Black Maternity Experiences report has been digested and there were six national recommendations but the Trust have identified two areas they can raise awareness on without needing to wait for the national resources. The key area of concern in the Three Year Plan is the lack of an electronic personalised care plan but progress on procurement has been made. The outcome of a completed investigation on a case that received recent press coverage was also shared, as were the recommendations from the MNSI report. The Committee took assurance from the detailed update.

Assure:

Health Equity and Inequalities – The Committee was reassured by the update on the Health Equity Programme developed following the Board development session in October 24. The key projects underway are:

- Make Every Contact Count – equipping staff to engage in meaningful conversations with patients and service users to improve health outcomes, reduce inequalities and improve the patient experience
- Community Connectors – utilising volunteers as key contacts for local residents in deprived areas and providing support to access healthcare, financial support and other essentials
- Library Services for Community Users/Local Residents – providing onsite computer access to residents so they can learn how to access health records and services

The Health Equity intranet pages have been redesigned to share the work being done across the Trust, helpful resources and a toolkit. The team is focused on developing the capability of the Trust's people in improving health equity and tackling health inequality through training and education.

Quality Improvement Initiative: Martha's Rule – the Head of Improvement updated the Committee on the excellent progress made with implementing Martha's Rule. Components 1 and 2 are now active on 18 of 27 wards across BRI and SLH and are being implemented on ward 30 (Paediatric in-patient). Component 1 covers the Patient Wellness Questions and component 2 encourages staff to seek a review from a different team if they are concerned a patient is deteriorating and are not being responded to. Component 3 allows escalation to another team by the patient, their family or carer and will be launched on 27 October. There is a clear plan on community and stakeholder engagement to support the launch of component 3. The Committee were assured by the progress made and the results so far.

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Date	25 September 2025	Agenda item	Bo.9.25.12

Report completed by:

Karen Walker, Interim Quality Committee Chair and Non-Executive Director,
21 September 2025

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.13a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 18th June 2025

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – the Trust is reporting a year to date Income and Expenditure position better than plan by £0.66m in month 2, with an actual deficit of £5.9m compared to a planned deficit of £6.6m. The Trust is forecasting it will deliver the £17m deficit but work is ongoing with CSUs (Clinical Service Units) to understand the risks within this.

Closing the Gap – the ‘closing the gap’ programme is behind plan at month 2 and schemes have not been identified for the full £25m target yet by the CSUs. Meetings are taking place with CSUs that have not identified their full target.

Outline plans are in place to address the £8m centrally held target although work is required to bring these to the delivery stage. The additional £5.3m stretch target that was approved at Board still needs to be reflected in plans, with an expectation that our collaborative workstreams with Airedale will support the gap.

The £5.7m NHSE Deficit Support Funding included in the £17m deficit plan is dependent on the Trust identifying the full £33m savings and these schemes being rated either medium or low risk by 30th June.

More detailed reporting at scheme level should be available for next month’s Finance and Performance Committee.

Treasury Update – as at Month 2 the cash position is as expected but there is an expectation of needing cash support later in the year.

Advise:

Capital – the capital programme has seen a slippage in spending, with £4.9m spent year to date against a planned spend of £7.3m. The current underspend is expected to be recovered by year end.

Operational Improvement Plan Cancer and Diagnostic Performance – the Committee was pleased to see the continuing improvement initiatives underway to further improve our performance against our Cancer and Diagnostic targets.

Medium and Long Term Financial and Operational Strategy – a presentation was shared with the Committee setting out the interim longer-term plan and strategy. It was pleasing to see the ambition re performance included in the plan. The presentation set out the expectation about improving our productivity and the need to move our current

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non-recurrent initiatives included in plans to recurrent ones in order to move back to financial balance.

Assure:

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance. A discussion took place about how we might improve further our performance reports with a discussion planned at the next Board Development session.

Green Plan – the 2025-2028 Green Plan was approved by the Committee prior to presentation at Board. The plan defines the Trust's programme of sustainable activity for the next 3 years.

Estates Bi- Annual Compliance Report – the report was presented to the Committee to provide assurance with regard to operational maintenance compliance within Estates maintenance.

High Level Risks Relevant to the Academy – No new risks had been added to the register; none had been closed and no changes in score had been made. The Committee was assured that all relevant key risks had been identified, reported, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
Committee Chair and Non-Executive Director
3rd July 2025

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.13a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 16th July 2025

Key escalation and discussion points from the meeting

Alert:

Advise:

Monthly Finance Report – the Trust is reporting a year to date Income and Expenditure position better than plan by £0.5m in month 3, with an actual deficit of £8.7m compared to a planned deficit of £9.2m. the £5.7m deficit funding included in our £17m deficit plan will be returned to the ICB and replaced by £14m, our share of the ICB surplus. The expectation is that our deficit plan will be improved by £9m to £5m. Further conversations are ongoing with the ICB that may improve this position further. Finance has moved from the Alert section of this report after noting the positive indicators of reduced spend but may need to move back should the CTG plan not deliver.

Closing the Gap – the ‘closing the gap’ programme is behind plan at month 3 and although schemes have been identified for the full £25m target the profile of these schemes differs the initial plan profile.

Outline plans are in place to address the £8m centrally held target although work is required to bring these to the delivery stage. The additional £5.3m stretch target that was approved at Board still needs to be reflected in plans, with an expectation that our collaborative workstreams with Airedale will support this gap.

More detailed reporting on CTG was requested by the Committee and should be available for next month’s Finance and Performance Committee.

Treasury Update – as at Month 3 the cash position is better than plan mainly due to the capital programme being behind plan. The ongoing discussions with the ICB will determine whether cash support is required later in the year.

Capital – the capital programme continues to see a slippage in spending, and is behind plan at month 3 which mainly relates to the Endoscopy Programme (£0.7m), SLH DCI (£0.6m) and Estates Safety Standards (£0.9m) being behind plan but this is fully expected to be recovered in the next few months.

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.13a

Annual Emergency Preparedness Resilience and Response (EPRR) Report – The Committee noted the significant work undertaken on EPRR over the last 12 months, noted compliance against the 62 core standards and noted EPRR priorities for 2025/26.

Operational Improvement Plan Urgent and Emergency Care – the Committee was pleased to see the continuing improvement initiatives underway to further improve our performance against our Urgent and Emergency Care targets. Activity in the department continues to be a challenge with a record number of daily patients been seen (529) on one of the days.

Violence and Prevention and Reduction Standard (bimonthly update) – the Committee noted the benchmarking analysis and current compliance position. The Committee will continue to monitor progress against the action plan through its bimonthly updates.

Strategic Framework - the Committee noted the continued development of the new Trust's Strategic Framework and supported the proposed composite metrics for the Sustainability Objective recognising that the title sustainability can be misleading and that there may be a need to amend metrics as we start to report and use the framework.

Assure:

Board Assurance Framework Quarter 1 – The Committee approved the framework recognising the work that is ongoing to improve it.

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance. The Committee agreed that future reports will include more analysis where the indicator is red.

Reference Cost Submission – the Committee noted this year's National Cost Collection submission that supports national tariff setting, the Model Hospital and wider NHS benchmarking.

ERIC Returns Information Collection - the Committee noted the data return collection process for Estates and the annual submission that has been made to NHS E. The data collection will allow NHS E to publish regional benchmarking data and national summary information. A further paper will be presented to the Committee in Autumn that includes the benchmarking data.

High Level Risks Relevant to the Academy – No new risks had been added to the register; none had been closed and one re health and safety resilience had reduced in score. The Committee was assured that all relevant key risks had been identified, reported, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
Committee Chair and Non-Executive Director

20th July 2025

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.15a

Committee Escalation and Assurance Report

Report from the: Finance and Performance Committee

Date of meeting: 17 September 2025

Key escalation and discussion points from the meeting

Alert:

Month 5 Finance Update

The Committee gave full consideration to detailed written and verbal reports from the Chief Financial Officer. As the CFO will also report the position at the Board on 25 September it is not proposed to provide detail here, other than to ask the Board to assess carefully the reported risk of £16m - £27m, before mitigations, to delivery of the annual plan. As the mitigations were significantly dependent on the Closing the Gap programme, and the Committee noted the current shortfalls in this programme, the Committee would continue to closely monitor progress. Mitigations through other in year savings were noted but as these were typically non-recurrent in nature, the Committee welcomed the CFO's zero based budgeting approach for 2026/67.

High Level Risks

Two new High level Risks were noted, although one was a restatement of the previous risk re waiting times in A&E. Both these risks will be included in the Board risk report on 25 September.

Operational Performance

The Committee welcomed the enhancement to operational performance reporting, which included a clear headline summary and exception report. Again, reports will be provided to the Board, but the Committee noted the year end risk in delivering the 6 week Diagnostic waiting time plan, the in month 12 hour length of stay in ED and early warnings on the RTT total waiting list size.

Internal Audit Report – Discharge Management

As he had at the Audit Committee, where progress against agreed actions will be monitored, the Director of Operations advised on the actions being taken in response to this limited assurance internal audit report.

Advise:

Operational Performance

The Committee noted the reports and specialty detail on amber rated KPIs: RTT 52 weeks, elective activity and the increase in follow up outpatient activity whilst new appointments are static. Early warning narrative was provided on the 62 day cancer backlog where the Committee noted the weekly oversight in Skin and Lower GI and a capacity and demand exercise within Endoscopy.

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.15a

Health and Safety / Security

The Committee received the Annual Health and Safety Report 2024/25 and the Annual Security Report 2024/25. Both reports were comprehensive and, as might be expected, highlighted good progress in some areas but a range of existing and emerging issues that will need attention in the action plans presented. Both reports will be presented to the Board. The Committee recommended that, as many health and safety and security issues impact on, and are of concern to staff, the People Academy should consider receiving periodic reports on both areas as they apply to staff.

Accommodation

A report on staff accommodation was received and the Committee noted the poor occupancy levels in some units due to the facilities offered. The Committee was advised of, and welcomed, the medium and longer term thinking being developed.

Estates dashboard

The recently developed, and developing, Estates performance dashboard, was received and showed good performance against target on a wide range of operational delivery KPIs. The Committee will work with the Director of Estates to agree second line assurance on the KPIs and stretch targets to further improve performance. The Director of Estates highlighted the underperformance on the sickness and appraisal performance indicators and advised that he was well sighted on this and working to improve the position.

Referral to Treatment Plan

The Committee received a presentation on the Operational Improvement Plan for referral to Treatment performance which noted the improvements already made, further business as usual enhancements planned and the approach to wider transformation.

Insourcing Contract

Due to the delay in opening the St Lukes Day Case Unit a proposal to insource additional capacity and explore additional capacity in other Trusts across West Yorkshire was received. The proposal was supported for final approval by the Board, where a paper will be received so no further detail is presented here.

Assure:

The Committee was assured by the quality of the work presented on a range of important issues and plans and agreed with all the recommendations made. These were:

- Winter Operational Plan (including the Board assurance Statement Winter plan)
- The Emergency Preparedness, Resilience and Response submission
- A finance contract update
- A procurement update
- A presentation on costing, where the Committee noted the importance of continued development of the use of the information generated within the Trust
- The new national oversight framework

Report completed by:

Bryan Machin, Committee Chair and Non-Executive Director, 19 September 2025

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.11a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 11 June 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – completion of appraisals has increased slightly, stabilising the under-performance. Sickness absence dipped to 6.13% in April from 6.32% and continues to be a key focus area. Absence may increase over the coming months as the under/inaccurate reporting is corrected through the absence reduction activity.

Advise:

People Strategy implementation plan – the five-year People Strategy covering health, wellbeing and belonging, making BTHFT a great place to be and people working differently was well received at the Thrive conference and the Academy saw a very clear and well-articulated set of actions outlining the year one deliverables, which will be tracked through the People Academy.

Belonging conference – the Head of Equality Diversity and Inclusion (EDI) explained his early plans for an October conference that tells the story of what belonging looks and feels like at BTHFT. He asked for support and ideas from the Academy and was inundated with offers of support and some great ideas to take forward.

Assure:

Medical Appraisal and Revalidation Annual Report – the Trust has a 93% completion rate for medical appraisal and revalidation, with the remainder having a 'missed status' due to reasons such as long term sickness, maternity leave and career breaks. This process has recently been audited by Audit Yorkshire and received a significant assurance rating. There are two areas for monitoring – the increase in temporary or bank Doctors attached to the Trust who have no other employment and therefore need appraising by the Trust which requires additional appraiser capacity and, from January 26, the registration of Physician Associates with the General Medical Council (GMC) whose appraisal will likely mimic the Doctor appraisal. They will have two years to register before the appraisal becomes mandatory. The Trust will need to train Doctors to conduct appraisals.

Nursing and Midwifery staffing data publication report – the staffing picture continues to improve with the Band 5 vacancy rate down from 4.4% to 3.5% for April, although this may create a lack of vacancies for local students who qualify in September. There is a gap in the renal dialysis team as specialist nursing work seems to

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.11a

be less attractive. An establishment review is underway to ensure the wards and clinical nursing teams and outreach areas are assessed as services have evolved over time.

Dashboard - Turnover has improved again at 9.57% and retention is healthy. There is a focus on reducing/eliminating agency use. There are 155 Health Care Assistant (HCA) vacancies but the establishment is under review as HCA vacancies were created to combat the difficulty in recruiting Registered Nurses and this is no longer the case. There has been an increase in non-white ethnic background representation to 44% against Bradford's population at 35%, with Band 8a+ static at 20.4% but an increase in Bands 6 and 7 which creates a future pipeline of development to Band 8 upwards. Time to hire has improved from 115 days to 79 with the relevant checks taking 55 days. The HR team will bring data to July's Academy to show how the Trust's people data compares to other organisations.

Thrive conference follow up – 280 of the Trust's people attended the conference which focused on belonging and included a screening of the hospital through the ages and portraits and audio recordings of the Trust's people describing how they belong and challenge stereotypes. The conference was inspirational, and rich in history and diversity, and the team are taking the screening and portraits to St Lukes as well as creating an exhibition for use across the museums and galleries of Bradford to provide an immersive experience. The work is being supported by the Healthy Minds apprentices and the charities team.

Karen Walker

People Academy Chair and Non-Executive Director

11 June 25

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.11a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 09 July 2025

Key escalation and discussion points from the meeting

Alert:

Sickness – following frequent discussions at the Academy, and a hypothesis that BTHFT's absence rates are influenced by the same health inequalities affecting its patient population, the data revealing absence by staff group and band was shared. Bands 2 and 3 experience more sickness with Additional Clinical Services, Estates and Facilities, and Nursing and Midwifery having the highest sickness levels. Anxiety, stress and depression are the leading causes of absence, accounting for a quarter of all absence, Younger staff are more likely to suffer mental health conditions, women in their late twenties and early thirties show high levels of pregnancy related illness and middle aged staff experience musculoskeletal problems, while older staff experience chronic or longer term conditions. Whilst the data shows some links between health inequalities and absence levels, not all staff live in Bradford. However, the data suggests that individuals in lower paid or physically demanding roles experience greater health related challenges regardless of where they live. The HR Director agreed to share some further demographic data split by region which shows Yorkshire in the upper quartile of deprivation. The Academy was assured by the depth of data and analysis and its helpfulness to targeting actions to address and prevent absence moving forward.

Advise:

Freedom to Speak Up – the Academy approved making Speak Up training mandatory for all roles across the Trust. Q1 saw 25 concerns, 4 of which were raised anonymously. The majority are categorised as inappropriate attitudes and behaviours with 'additional clinical services' raising the most concerns. There is one case where someone feels they experienced detriment. All concerns and the detriment case are being addressed. Concerns raised are increasing year on year and funding has been agreed to create one 'full time equivalent' (FTE) worth of resource for the Guardian role. The National Guardian's Office (NGO) is being wound down but the Guardians remain and the initiative will be managed more locally. The Academy took assurance from the Guardian's report and the actions being taken to address concerns.

International Medical Graduates (IMGs) – the Academy took assurance from the quality of support provided to international doctors, with an increase in numbers employed across the Trust. Robust processes and an orientation day which covers the Trust's structure, culture and ways of working, plus a formal IMG lead, are all deemed as good practice by the General Medical Council (GMC), with BTHFT seen to be leading the way in this space.

Meeting Title	Board of Directors		
Date	31 July 2025	Agenda item	Bo.7.25.11a

Assure:

Talent – based on feedback from the Trust’s people, the STEP programme – Supporting Talent Empowering Progression - has been developed to recognise and value people, plan succession and align to the NHS Fit for the Future initiative. With an aspiration to grow Bradford’s own talent and improve attraction and retention, the programme covers three areas – dynamic conversations, talent management and a development hub. It covers lateral and vertical development and is for everyone, with mapping of Nursing and Midwifery and Admin and Clerical being done first. The programme was well received and the team sought feedback and ideas for further development.

Risks – the Academy took assurance from the state of the risk register with no new risks, no risks past their target mitigation or review date, the reassessment of the risk related to the Children’s and Young People’s Unit and the reduction in score of the Violence and Aggression in the Emergency Department and Haematology risks. The BAF, covering the health and wellbeing of our people, EDI (Equality, Diversity and Inclusion) and providing an appropriate learning experience for trainees, has seen no material changes since Q424/25.

The academy attendees were fully engaged, with plenty of questions, ideas, suggestions and challenges which contributed to the learning, improvement and assurance of academy business.

Karen Walker

People Academy Chair and Non-Executive Director

09 July 25

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 10 September 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – absence continues to be high at 6.27% and the focus on reducing sickness continues. The sickness policy is under review with new manager training being implemented and the action plan is being refreshed. Turnover is stable at 9.5%. The appraisal data hasn't refreshed but at 76.59% for the previous month, appraisal completion rate is another focus area with dynamic conversations launching to address the quality and quantity of conversations. The time to hire has reduced slightly and positive feedback on the recruitment process has been received.

Healthcare Worker Flu Vaccination Plan – the annual vaccination campaign starts on 6th October, for the flu vaccine only this time, and the Academy reviewed the plan. Last year's uptake by front line staff was at 33.8% which has been on a downward trend over the last 4 years with hesitancy, vaccine fatigue, conspiracies and myths creating a blocker. The campaign will be offered by Rimmingtons, will run for 11 weeks and will be visible across all sites. Areas with the lowest uptake will be visited by the vaccine team and demographics will be targeted appropriately. The messages will be centred around winter wellbeing, and there will be promotional material across the Trust. Clinicians will conduct Q&A sessions to bust the myths. Regular updates on uptake will be provided.

Advise:

Guardian of Safe Working Hours – the Chief Medical Officer shared the results of the 37 Q4/25 exception reports, of which 34 related to hours and work patterns. Two referred to education and one to support. The highest number of reports came from Foundation trainees in General Surgery, where the most additional hours were worked, due to the unit being busy and the less structured nature of general surgery. Six of the 37 reports flagged a safety concern. Actions to address these issues are focused on improving the lives of Resident Doctors such as removing tasks that don't need a Doctor, reviewing work schedules and addressing rota gaps.

GMC Survey feedback – the survey results are good with some areas for improvement, with BTHFT mid quartile on all 18 dimensions. Anaesthetics, ED, Intensive Care Medicine and Paediatrics received excellent feedback with improvements seen across Ophthalmology and Plastic Surgery. There are some negative outliers and some recurrence on themes, with BTHFT 224/226 for workload. Overall satisfaction is 76.47 vs the national mean at 78.4 and BTHFT is 10th out of 21 across the Yorkshire and Humber region. The majority of outliers refer to workload and the actions from the 'Guardian of Safe Working Hours' will address the feedback on this survey too. The Associate Medical Director will pick up the Resident Doctor portfolio and will look to co-design innovative solutions to rotas and workloads, with regular updates at the People Academy.

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.8a

Assure:

Strategic dashboard – following some confusion over composite metrics for the People Academy, the Strategy and Transformation team shared revised metrics and sought feedback. The Academy approved the metrics for sickness, appraisal completion rate, mandatory training and ethnicity at senior leadership level and asked that the Academy be involved in the evolution of the metrics moving forward. The People Strategy has a simple vision - come, stay, thrive – and it would make sense for attraction, retention, engagement and belonging to be measured in terms of moving the ‘dial’ towards outstanding.

Staff survey and action plan – in response to last year’s survey, there has been a robust action plan with regular executive walkarounds, the Thrive Live conference, the Leading at a Higher Level workshop covering 900 managers, increased Greatix, recognition awards and the EDI conference is yet to come. The 2025 survey launched on 10 September and includes a new question about an individual’s socio-economic background. There is a communications campaign to drive up awareness and response rate. Sadly, the paper survey, likely to go to the most vulnerable staff, does not include the socio-economic question as it is too long for the paper version. Regular updates on response rates will be provided.

Education Self-Assessment Review (SAR) – the Training and Education team have completed the SAR with key stakeholders, covering six quality framework domains. The Trust’s successes include the new Education Strategy, innovative training development and multi-professional initiatives. The challenges are high workloads impacting the training environment, training space and facilities and the unpredictability and timeliness of NHSE funding. A plan is in place to address the challenges. NHSE will review the SAR and provide feedback.

Karen Walker

People Academy Chair and Non-Executive Director

10 September 25

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.21

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Audit Committee

Date of meeting: 9th September 2025

Key escalation and discussion points from the meeting

Alert:

Internal Audit – Discharge Management

The Committee received the Internal Audit report on Discharge Management which provided **Limited Assurance**. The Committee was concerned about the report's conclusion which identified significant data reporting and recording issues around discharge management. Although management had accepted the report findings, they did not wholly agree with the auditors % error rate for non-compliance. Due to the significance of the findings and broader associated risks, the Committee requested that a short sample testing follow up audit is undertaken later this financial year to provide further assurance to the Trust. The Committee was grateful for the attendance of the Chief Operating Officer to discuss the approach to implementing the actions agreed in response to the reports' recommendations and for agreeing to the short follow up audit.

NB: Notified in the alert section due to impact/issues regarding Trust Discharge Management data reporting

Advise:

Assure:

Charity Annual Accounts audit 2024/25

The Trust has recently completed the draft accounts for the Charity and due to materiality, the Trust is able to carry out an independent examination of the accounts rather than a full audit. This saves both time and costs for the charity. Considering this, approval was given by the audit committee to carry out the independent examination.

Internal Audit

The Committee received the following reports and noted the range of assurances given:

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.21

Report No	Report	Final	Draft	Opinion
BH/01/2026	Freedom to Speak up Benchmarking	✓		N/A
BH/02/2026	Patient Safety Incident Response Framework Benchmarking	✓		N/A
BH/03/2026	Policy Management	✓		Significant
BH/04/2026	Safe Staffing; International Staff	✓		Significant
BH/05/2026	ReSPECT	✓		Significant
BH/06/2026	Virtual Programme	✓		Significant
BH/07/2026	Sessional and Ad-Hoc Payments	✓		Significant
BH/08/2026	Discharge Management	✓		Limited
BH/09/2026	Cyber Security; Third Party Access Controls	✓		Limited
BH/10/2026	Patient Experience in AED	✓		Significant
BH/11/2026	DSPT Benchmarking	✓		N/A
BH/12/2026	Clinical Ward Level Stock Management and Efficiency	✓		Significant

Other than the Discharge Management and Cyber Security reports discussed above, **the Committee particularly noted the Significant level of assurances provided for the other audit reports.**

The internal audit progress report and the follow up of recommendations update provided by the Associate Director of Corporate Governance both detailed the number of overdue recommendations and **the Committee noted that the volume of overdue recommendations is gradually reducing due to the direct intervention of the Chief Finance Officer.**

Other matters

All other matters considered by the Committee provided appropriate assurance:

- Annual internal audit & counter fraud performance review
- Verbal report from External Auditor
- Agreement to provide a statement to the Council of Governors on the use of External Auditors for Non-Audit Services via this report. *There were no engagements with external auditors in 2025/26 to date.*
- Counter Fraud Progress Update Report
- Schedules of Losses and Special Payments, and review of single source tenders (**the Committee noted that the volume of single tender waivers have reduced over time**)

Report completed by: Zafir Ali, Audit Committee Chair and Non-Executive Director, 17 September 2025

Osbourne, Sheridan
08/10/2025 11:27:56

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.22

Committee Escalation and Assurance Report (AAA)

Report from the: CHARITABLE FUNDS COMMITTEE

Date of meeting: 5th August 2025

Key escalation and discussion points from the meeting
<p>Alert:</p> <p>Move to independence</p> <p>As the main focus has been on the 'Home from Home' programme, reporting improvements and recruitment, the independence work has not progressed significantly, but the plan will be reset once the whole team are in post.</p> <p>The revised timeframe is anticipated to be approximately one year to 18 months. The Corporate Trustees, via the Board, will need to formally recognise the revised timescale which will be brought to the next Charitable Funds Committee and then formally presented to the Board.</p>
<p>Advise:</p> <p>Neonatal Unit Appeal</p> <p>A gift agreement is in the pipeline with the Harry and Mary Foundation for a transformational £1 million gift - the largest donation ever negotiated for the charity. The Foundation is also generously planning to pledge £25,000 towards the inaugural Big Give Christmas appeal.</p>
<p>Assure:</p> <p>Staff Lottery</p> <p>The Committee was provided with an update on the issue involving discrepancies between the payroll and database lists of lottery players, resulting in numerous redraws and individuals not being entered into draws. The Charity Director confirmed that immediate steps were taken to contact the appropriate regulatory bodies, and all affected players were contacted via phone and email, with the option to withdraw and receive a refund.</p> <p>The next steps involve discussions with lottery providers, and a new scheme will launch from September. The ambition is to move as many members over to the new scheme as possible, with larger prizes, more chances to win and public participation.</p>

Report completed by:

Altar Sadique, Charitable Funds Committee Chair and Non-Executive Director.

22/08/2025

Council of Governors Open				
Meeting Date:	9 October 2025		Agenda Reference:	CGo.10.25.5c
Report Title:	Report from the Chief Executive Officer			
Presented by:	Professor Mel Pickup, Chief Executive			
Executive Lead:	Professor Mel Pickup, Chief Executive			
Author:	Executive Directors, Personal Business Manager to the CEO and, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/support/ratify)	Assurance <input checked="" type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	The report provides the Council with a summary position with regard to our Patients, People, Place and Partners since the last report to the Council in July 2025.			
Recommendation/s: (including any decision/approval required)	The Council is asked to note the content of the report.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	Board of Directors – 25 September 2025			

Report content
<p>1. Patients</p> <p>As a Trust we have continued to benchmark positively against the Emergency Care Standard (ECS), with our current position remaining in the upper decile of Acute Trusts in England. In support of further improvements, the EXCEL programme is progressing key areas of work that will improve the experience of patients and staff within the ED setting whilst supporting the Trust to meet the Urgent and Emergency Care, UEC priorities set by NHSE. This includes initiatives to reduce to overall bed occupancy and improve the ability to maintain adequate patient flow through the system. The impact of these will be improved patient experience throughout their time with the Trust and reduced frequency of long stays in ED which is a national priority.</p>

Collaborative work with Yorkshire Ambulance Service (YAS) continues and both handover and crew clear times are improving as a result. BTHFT will have adopted the YAS Transfer of Care process at the end of September which requires crews to hand over patients to the Ambulance Assessment Area (AAA) clinician after 45 minutes, after which YAS staff will leave freeing ambulance crews to improve 999 response times and patient experience. Handover processes have been reviewed, and both BTHFT and YAS staff have received refresher training to ensure proper adherence, including accurate logging of handover times. The use of self-handover is now routinely monitored to maximise its impact and positive trends are visible in all supporting metrics.

Significant effort has been placed on planning for winter, with the winter operational plan being presented to ETM, F&P Committee and Board in September 2025. This is an iterative process with the current plan based on attendance and admission modelling. Sustaining improvements in UEC will be challenging during the winter period, particularly with the need to ensure financial balance.

Outpatient Transformation is being coordinated by a Programme of work which utilises the model for improvement at a service and pathway level whilst enabling processes and our digital offer are also modernised. This work aligns with the Trust's Strategic Framework and its aim is to deliver outpatient services where patients can be seen more quickly and can access and interact with services in a way that better suits their lives.

Referral to Treatment (RTT) performance is ahead of plan, which is a positive step towards the national ambition of achieving the 92% standard by 2029. The number of waits over 52 weeks is already better than the national target of 1% of total waits set for 2025/26, although we are seeing some pressure within a number of services and have mobilised additional support to help resolve this. Unfortunately the delay in handover of St Lukes Daycase Unit is impacting on our ability to deliver the planned level of activity. Executive colleagues are working through proposals to mitigate the impact of the delay in the handover.

The Trust continues to benchmark well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal pathways when cancer is suspected. Schemes to be prioritised include NSO development, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation. Civica (Cancer I.T system) go live remains planned from Q3 2025. Benefits include Personalised Stratified Follow Up (PSFU) and digital remote monitoring system (RMS) for patients after cancer treatment, which will reduce unnecessary follow-ups. This will also provide the data needed to better review our services against best practice time pathways and identify areas for further improvement, building on existing pathway improvement and MDT optimisation workstreams.

Diagnostic performance (as reporting in the DM01 return) remains a concern with ongoing challenges in Audiology, Non-Obstetric Ultrasound, Echocardiography and Neurophysiology. Activity increased during August with several of the recovery action plans commencing following approval and procurement exercises. Each modality has a measurable improvement plan in place which is being monitored weekly in support of meeting the national expectations before year end.

Following the launch of the NHS Oversight Framework (NOF) we have now received guidance explaining how provider capability will be assessed. We are now in receipt of the Q1 2025/26 segmentation score from NHS England, our average metric score is 2.00 (lower the score the higher performing in range between 1 and 4) with the organisation being in segment 3. As a result the Trust is ranking in the national league table for acute / acute specialist NHS providers of 37 out of 134. The Trust's scores against each metric are attached at Appendix 1.

Boards have also been asked to undertake a provider self-assessment whereby NHS boards are asked to assess their organisation's capability against a range of expectations across 6 areas derived from The Insightful Provider Board. These areas cover strategy, leadership and planning; quality of care; people and culture; access and delivery of services; productivity and value for money; and financial performance and oversight.

The end of August saw the release of a draft Planning Framework which brings forward annual timescales, and places greater emphasis on Board involvement in the planning process. We are reviewing our internal processes and governance structures in line with the framework and will look to implement changes to meet the timescales presented. The framework will promote the formulation of a medium-term (5-year) plan that is strategically aligned and underpinned by clear annual priority setting. This work will be triangulated across strategy, finance, performance, workforce, and quality with clear alignment of digital strategy. Quality of care and patient outcomes will remain at the heart of these plans.

These updates link to recent the Board Development session on the theme of strategy, planning and performance oversight. The direction set aligns strongly with the way in which we would look to set clear goals, select relevant KPI and metrics, and monitor our progress with deeper analysis on areas that require focus. Whilst the NOF is undoubtedly an important part of the process there will remain objectives and KPI's beyond the NOF that we will need to monitor to meet our statutory obligations and be assessed as a highly capable organisation.

Baroness Valerie Amos maternity and neonatal national investigation

In August 2025 the Government announced that Baroness Valerie Amos had been appointed to lead the independent investigation into NHS maternity and neonatal services to drive urgent improvements to care and safety. The investigation will identify ways to urgently improve care and safety, with Baroness Valerie Amos working closely with bereaved and harmed families. It will also review the maternity and neonatal system, bringing together the findings of past reviews into one clear national set of actions to ensure every woman and baby receives safe, high-quality and compassionate care.

The National Maternity and Neonatal Investigation will develop one set of national recommendations to drive improvements in maternity and neonatal services across England. It was announced on Monday 15 September 2025 that Bradford Teaching Hospitals NHS Foundation Trust is [one of 14 trusts nationally that are included in the investigation](#). We will fully embrace and actively engage in the independent investigation, sharing the good practice from Bradford as well as benefitting from shared learning from other trusts.

The terms of reference for the investigation are available here - [National maternity and neonatal investigation: terms of reference - GOV.UK](#)

St Luke's Day Case Unit (SLH DCU) and Endoscopy Unit (BRI)

Unfortunately delays in the final sign off process associated with Ventilation and Water means the handover is now significantly delayed and the building is not yet ready for handover by the contractor. A meeting involving the CEO of Darwin Group to discuss the impact of this delay and the timescales for completion has taken place. In addition we have escalated the delay to NHSE estates colleagues who are helping broker action from the contractor to try and achieve a successful handover. In the meantime, we are using insourced capacity at weekends to mitigate impact on planned operating however this will not fully recover the planned activity.

The Endoscopy Unit build has progressed well and remains on budget. The project will run until late 2025 and support improvements in the provision of these key diagnostic test, reduced waiting times, and the reattainment of JAG accreditation for the Trust.

2. People

Bradford and Craven District – Anti-Racist Charter

The newly developed task and finish group established to lead the development of the Bradford and Craven Anti-Racism Charter Mark continues to meet on a regular basis to progress this important work. A three-tier accreditation model (Bronze, Silver & Gold) is being designed to provide a structured and measurable framework through which organisations can demonstrate their commitment to becoming anti-

racist. The model will place particular emphasis on embedding anti-racist approaches across governance and leadership, employment practices, organisational culture, and access to services. The formal launch of the charter is January 2026.

South Asian Heritage Month

The Equality and Diversity Unit, in partnership with our staff equality networks celebrated South Asian Heritage Month on the concourse on Thursday 21st August.

This year's theme was 'Roots to Routes', exploring the rich journey of growth, and the evolving connections we make through generations. Wider staff from across the Trust were invited to celebrate the significant input and achievements of our diverse workforce, shining a spotlight and celebrating our South Asian colleagues and their cultures by recognising the valued contributions made. A great turnout was noticed on the concourse with a range of activities taking place, from henna painting to storytelling including a range of south Asian cuisine.

The event was welcomed, it provided an opportunity for wider staff to learn more about our staff equality networks and their role within the Trust, this resulted in colleagues signing up to be members of our diverse staff equality networks.

Leading at A Higher Level

Over 900-line managers have now attended Leading at a Higher Level — our flagship two-day leadership development course designed for managers at all levels across the organisation - both clinical and non-clinical. Each delegate has designed and committed to their own action plan which covers 5 key areas, meaning our people are currently implementing over 4500 individual actions such as;

- 'I will begin holding dynamic conversations with my team, for 30mins once a week';
- 'I am going to design and put in place a induction for when new starters come to the team, to welcome them and help them feel more welcome';
- 'The E's for Excellence tool is what I am going to use to give clearer feedback. I'm also going to ask my team to give me feedback at our next 1-1 using the tool'
- 'I'm committing to be better with praise and recognizing my team for the good things they do, so I am going to send thank you cards and give out the value badges' and
- 'I will introduce a 'star of the month' award'.

Belonging in Action

The Executive Management Team and Board have been taking part in a series of visits to services across all our sites to learn firsthand about the experiences of our colleagues. Over 5 weeks, 29 visits will have taken place. These visits are part of our ongoing efforts to engage with and support colleagues. We want to ensure every teams voice is heard as we prepare for our upcoming Equality, Diversity and Inclusion - Belonging Conference. This also builds on the recent Thrive Conference "Belonging Throughout the Ages" and the "This Is Me" video series, reflecting how our programme continues to evolve.

Brilliant Bradford Awards

We have received a record breaking 354 nominations to the Brilliant Bradford Awards. The Awards evening will be held on Thursday 16 October, following the Long Service Awards.

Step Forward initiative

Linked to improving access into work at BTHFT, we are working in collaboration with the Volunteer Team to support volunteers into work. We will be providing support on employability including how to complete

applications and preparing for interview as well as exploring how we can promote vacancies to our volunteers.

Wider Participation

We are improving the promotion of routes into employment at BTHFT by engaging with the local community at careers events. Most recently, we have been visible at the Broadway Shopping centre, Job Centre Plus and we are attending a number of school careers events.

Recruitment Time to Hire

Time to hire continues to improve. As an example, the August resident doctor rotation was a huge success with the team achieving 100% of screening and ready to start on day one checks for 235 resident doctors. This is the first time in over 20 years that 100% has been achieved and this is more impressive by the fact that this is a relatively new team.

3. Place

National context and policy development

Launch of NHS 10 Year Plan – fit for the future

The government's 10-Year Health Plan has been published setting out a long-term vision for transforming health and care in England. Central to the plan are three major system shifts: from sickness to prevention, from hospital to community, and from analogue to digital. These shifts are intended to reorient the NHS around long-term population health improvement, greater use of technology, and care that is more integrated, proactive, and locally delivered.

The plan reinforces the role of Integrated Care Boards (ICBs) as strategic commissioners, with responsibility for ensuring that public resources are used to improve outcomes and experience for patients and communities. It places a strong emphasis on reducing health inequalities, strengthening neighbourhood teams, and embedding prevention throughout the health and care system. ICBs will be expected to lead long-term planning aligned to these shifts and to work closely with providers, local authorities and voluntary and community partners to ensure delivery reflects both national priorities and local context.

In West Yorkshire, the 10-Year Plan is being used as a key framework to shape future service models and commissioning functions. More than 78,000 people across West Yorkshire contributed to the development of the plan between November 2024 and May 2025, sharing their experiences, insights and aspirations for the future of care. This included both online and in-person engagement with local residents, staff and partners – including through a series of deliberative events held across Bradford District and Craven. A dedicated webpage has been set up as a dedicated hub to all of the insights, views, and good practice examples collected across West Yorkshire so far from the 10 Year Plan, with more analysis still to come, to support teams and partners get a head start on developing their response to the plan when it is published [What we've found out :: West Yorkshire Health & Care Partnership](#)

Closure of Healthwatch

In late June 2025, the government confirmed that Healthwatch England and all local Healthwatch organisations are slated for abolition under the recently published 10-Year Health Plan. Although full details are not confirmed, it is anticipated that their patient representation and feedback functions would be transferred to ICBs and/or local authorities.

Formal timelines are awaited pending legislation likely in late 2026, local Healthwatch have stated they will continue operations under existing statutory duties until any repeal of the 2012 Act.

NHS England & DHSC structures

Department of Health and Social Care (DHSC) and NHS England (NHSE) are moving towards a single merged structure, with a new national executive team announced in June 2025 and high-level organisational structure published. This includes 13 director generals, five national priority programme leads, and seven regional directors, some of whom will report jointly to both the DHSC Permanent Secretary and the NHS Chief Executive. This structural integration is expected to further align national priorities with local implementation.

Impact of industrial action

Nationally, the recent industrial action by resident doctors caused widespread disruption to NHS services, with thousands of appointments and procedures rescheduled. NHS England reported that, despite the challenges, more appointments were protected compared with previous strikes through strengthened contingency planning and coordination across hospitals and community services.

Bradford District and Craven partners worked together across the system to coordinate contingency plans, redeploy staff, and maintain safe services wherever possible. Thanks to the hard work and flexibility of teams in all parts of the system, the impact on patients was kept to a minimum, though the action inevitably added pressure to already stretched services.

National review into tackling LGBT+ health inequalities

NHS England has launched its first national review into tackling LGBT+ health inequalities, aiming to identify and address the barriers that LGBT+ people face in accessing high-quality care. The review will gather evidence from patients, staff, and community organisations to shape recommendations for improving services and reducing disparities in health outcomes. This work connects to findings our local *Listen In* report on LGBTQ+ communities, which highlighted themes and priorities at a Bradford District and Craven level.

West Yorkshire Health and Care Partnership activity

Acting Chair – NHS West Yorkshire ICB

On 1 June 2025, Prof. Nadira Mirza was appointed as Acting Chair of the NHS West Yorkshire Integrated Care Board for six months. Previously non-executive member for Citizens and Future Generations, Prof. Mirza brings over 25 years of leadership experience in health and education, reinforcing the ICB's focus on equity and inclusion during the search for a permanent chair—paused amid broader system restructuring. [Appointment of Acting Chair, NHS West Yorkshire Integrated Care Board :: West Yorkshire Health & Care Partnership](#)

ICB running cost reductions and organisational change

As part of the government's restructuring of the NHS landscape, NHS West Yorkshire ICB continues to progress the actions required to meet national expectations around cost reduction and structural reform. Following the submission of West Yorkshire's proposed structure on 30 May 2025, the ICB is still awaiting formal feedback from NHS England. In the meantime, engagement with partners and system leaders has taken place throughout July and August to explore what the new ICB model should look like.

NHSE model region blueprint is not expected until the end of August 2025 and will be shared in a future update once published. This document will be important in testing whether the assumptions made about the ICB's future functions are consistent with plans for the future role of regions, and whether staff will transfer directly into NHS England in areas such as provider oversight, digital and workforce. It will also have implications for providers, particularly in relation to operational workforce, operational digital and provider oversight arrangements.

Following the formal submissions of every ICB plan on 30 May 2025, further detail was requested and submitted by all ICBs earlier this summer. NHSE is now working through these submissions, and feedback is expected after the NHSE model region blueprint is published.

There is no expectation of national resources to fund a voluntary redundancy scheme in 2025/26, and the mechanisms for funding compulsory redundancy have yet to be clarified. A clear position on redundancies will be needed before a launch date for staff consultation can be confirmed. No expressions of interest process will run at this time.

Clarity is also awaited from NHSE on the national process for the recruitment of ICB Chairs.

At its August meeting, the Transition Committee discussed these issues and agreed to write to NHSE confirming that consultation with staff cannot launch on 3 September as planned due to the number of unknowns. At this stage, there is no agreed amended launch date.

Bradford District & Craven Partnership progress and issues to note

GP IT systems outage

On 28 July 2025, a business continuity incident was initiated due to an outage which caused significant disruption to GP clinical and business systems across Bradford District and Craven. The outage lasted for several days, limiting access to patient records, appointment scheduling, and other essential functions. During this period, system partners came together to coordinate the response, identify and implement appropriate workarounds, and ensure that urgent referrals and other critical processes could still be managed. GP practices used business continuity measures to maintain urgent care, but some routine services were delayed. As part of the agreed approach to enable technical teams to focus on the fix, Enhanced Access provision was cancelled over the weekend of 2/3 August.

Following intensive work to identify the root cause, implement and test solutions, most systems were back online on Monday 4 August. While this marked the end of the immediate disruption, some practices continue to work through the resulting backlog. Next steps include a system-wide review to identify learning, strengthen contingency plans, and address the underlying issues to reduce the risk of recurrence.

Leadership update

Helen Farmer has left her role as Director of System Transformation within the ICB to take up a new joint position as Director of Collaboration at Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust. We thank Helen for her leadership and contribution to system working and wish her well in her new role.

Bradford District and Craven Health, Care and Wellbeing Strategy

Our Health, Care and Wellbeing Strategy for Bradford District and Craven sets a clear direction for our shared priorities at place. It outlines the intended impact of the integrator function within the context of system transformation and partnership working.

The strategy draws on strong population health intelligence from our Business Intelligence and Reducing Inequalities teams, incorporates insight gathered through the Listen in engagement programme, and is informed by the wider context of financial and estates challenges. It represents a collaborative effort across partners and sectors.

The draft has been presented to a number of governance forums, including the Bradford Wellbeing Board, the West Yorkshire Integrated Care Board, and local NHS Trust Boards. The final document will be shared more widely following formal approval at the Bradford District and Craven Partnership Board in September 2025.

Neighbourhood health programme application

In early July, DHSC and NHSE launched the National Neighbourhood Health Implementation Programme (NNHIP), a 12-month initiative to accelerate the roll-out of neighbourhood health services across communities in England. Bradford District and Craven, alongside Leeds and Wakefield, has submitted an application to join the first wave.

The programme takes a 'test, learn and grow' approach, with an initial focus on adults living with multiple long-term conditions and co-morbidities, and includes:

- wrapping single, named multi-disciplinary teams around communities, people and households
- activating resourcefulness of individuals and making better use of technology
- empowering community-led and owned initiatives
- supporting a systematic approach through governance, financial flows and IT.

NHSE has indicated that applicants will be notified of the outcome in early September. Our application is closely aligned with the ambitions of the Bradford District and Craven health, care and wellbeing strategy, particularly in tackling health inequalities and strengthening neighbourhood working.

Establishment of Strategy Delivery Boards

As part of ongoing efforts to align system resources with our core priorities, three new **Strategy Delivery Boards (SDBs)** are being established. These will provide structured oversight and coordination for the following areas:

- Integrated acute care
- Integrated neighbourhood health
- Integrated corporate support and closing the gap

Over the coming weeks, each board will develop its scope and terms of reference. This work will help to clarify how we are deploying our limited capacity to focus on priority areas, while also enabling other partners across the system to lead in areas where they are best placed to do so.

These boards will operate within the wider governance landscape and are not intended to replace existing statutory or operational groups. Functions such as the SEND governance arrangements and the Urgent and Emergency Care Board will continue as required, alongside other task-specific and time-limited groups established to support programme delivery.

Lung health checks

Lung health checks, part of the lung cancer screening programme, are being rolled out to eligible people in parts of Bradford District and Craven to help detect lung cancer sooner through the NHS mobile CT scanning service. In May and June 2025, the partnership hosted two lung health events with giant lungs alongside Roy Castle Lung Cancer Foundation and continues to run geo-targeted Meta advertising - resulting in fully booked lung health check appointments in the last three locations. [Inflatable lungs touring Bradford District to promote lung cancer screening - Bradford District and Craven Health and Care Partnership](#)

New Chair announced for Airedale

On 1 August 2025, Airedale NHS Foundation Trust welcomed John Lawlor OBE as its new Chair. John brings extensive NHS leadership experience, including previous roles as Chief Executive of Harrogate and District NHS Foundation Trust and of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. The Trust highlighted John's deep knowledge of the West Yorkshire system and commitment to working with staff, patients, and partners to deliver high-quality, compassionate care for the communities Airedale serves.

John succeeds Andrew Gold, whose term as Chair concluded in September 2024, and Dr Andy Withers who provided interim leadership in his role as Deputy Chair - we'd like to take this opportunity to thank Andy for his leadership and input to the Partnership Board during this time.

New antenatal maternity clinic in Bradford

Bradford Royal Infirmary has opened a newly created antenatal maternity clinic designed to improve care for pregnant women and families. The clinic brings together a range of services in one location, enabling easier access to specialist care, reducing waiting times, and providing a more comfortable and welcoming environment. It forms part of the hospital's ongoing investment in maternity services, ensuring personalised high-quality care for expectant parents across Bradford.

HSJ award short list announced

We are delighted to see Bradford District and Craven teams and projects shortlisted in this year's HSJ Awards. Congratulations and good luck to all those shortlisted:

- **Digitising Primary Care Award:** Bradford District Care NHS Foundation Trust and Bradford District & Craven Health and Care Partnership – improving the patient experience in talking therapies with clinical AI
- **HSJ Partnership of the Year:** DrDoctor and Bradford Teaching Hospitals – rheumatology nurse advice line
- **Staff Wellbeing Award:** Bradford Teaching Hospitals NHS Foundation Trust – outstanding theatre service

4. Partners

WYAAT Programme Executive Meeting, 5th August and 2nd September 2025

I attended the WYAAT Programme Executive meeting on 5th August, at which we heard updates from Trusts, discussed leadership roles, and reviewed our shared reporting. We also received an update on WYAAT organisational change process, and the usual collaborative report. At the meeting we spent some time discussing the plan for the upcoming visit to WYAAT by Daniel Elkeles, Chief Executive of NHS Providers, which was scheduled to take place on 2nd September.

As mentioned above, Daniel Elkeles joined the meeting on 2nd September to provide an update on NHS Providers. We also received the collaborative report including a detailed update on the Future Imaging Platforms procurement, discussed the impact of ICB changes including the impact this would have on the WYAAT organisational change process, and the transfer of the cancer alliance function. We received an update on the Case for Change, particularly around the communications and implementation, and discussed the engagement of York and Scarborough NHS FT in WYAAT.

5. National Reports

Actions to tackle sexual misconduct in the NHS

The sexual safety assurance charter framework has been completed and reviewed at the Executive management team. A working group has been in place for the last 12 months and this has enabled progress to be made against the standards. The portfolio currently sits with the Chief Nurse, it was agreed that given the focus on our people and the policies and the procedures that support the charter that the framework will be reviewed at People Academy going forwards to provide assurance to the Board.

To see the letter and framework, visit: <https://www.england.nhs.uk/long-read/actions-to-tackle-sexual-misconduct-in-the-nhs/>

Flu Vaccination Campaign

Flu vaccination is one of the best tools we have to protect the health of our patients and staff, easing winter pressures and reducing the risk of avoidable disruption to our services. The staff flu vaccination campaign is a national priority and needs leadership from the top. All trusts should aim to improve uptake by at least 5 percentage points compared to last year's position.

Alongside staff vaccination, trusts also have a role in making sure all eligible patients are vaccinated. This includes long-stay patients, patients due to be discharged into care settings and 'making every contact

count' by taking advantage of opportunities to vaccinate patients who may not otherwise attend routine vaccination clinics.

To see the letter, visit: <https://www.england.nhs.uk/long-read/for-urgent-action-campaign-to-vaccinate-all-frontline-healthcare-staff/>

Sir Jim Mackey letter re: Building on our progress in the second half of 2025/26

Sir Jim Mackey wrote to Provider and ICB CEOs on Thursday 18th September to provide clarity on the expectations of all providers and every system in key areas of finance and performance, and in relation to laying the foundations for longer term reform and delivery of the 10 Year Health Plan. The letter is included at Appendix 2.

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BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST (RAE)

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST (RAE)				
	Raw measure	Score derived	Score	
DOMAIN SCORE - Access to Services				
Proportion of incomplete patient pathways waiting over 52 weeks	0.58%	1.00	1.00	
Proportion of incomplete patient pathways waiting less than 18 weeks (Gap to plan)	2.38%	1.00	1.00	
Proportion of incomplete patient pathways waiting less than 18 weeks (scored absolute performance)	66.72%	1.65	1.65	
Percentage of community services waiting list waiting over 52 weeks	0.05%	1.85	1.85	
Proportion of urgent referrals to receive a definitive diagnosis within 4 weeks	82.55%	1.00	1.00	
Proportion of patients treated for cancer within 62 days of referral	72.25%	2.40	2.40	
% of patients managed in under 4 hours in ED	82.80%	1.00	1.00	
% of patients spending over 12 hours in ED	5.30%	1.93	1.93	
DOMAIN SCORE - Access to Services				1.48
National CQC inpatient survey overall experience rating	As expected	2.00	2.00	
Summary Hospital Mortality Indicator	As expected	2.00	2.00	
Urgent Community Response % achieving 2hr standard	97.41%	1.05	1.05	
Average number of days between discharge ready date and actual date of discharge	0.7	2.34	2.34	
DOMAIN SCORE - Effectiveness and Experience				1.85
NHS Staff Survey raising concerns sub-score (PRV)	6.45	2.42	2.42	
HCAI measure 1: 12 month rolling count of MRSA cases	4	3.01	0.99	
HCAI measure 2: 12 month rolling count of C.Difficile cases as a proportion of trust threshold	137.50%	3.50	1.15	
HCAI measure 3: 12 month rolling count of e.coli cases as a proportion of trust threshold	128.57%	3.35	1.11	
DOMAIN SCORE - Patient Safety				2.85
Sickness absence rate	6.48%	3.60	3.60	
NHS Staff Survey engagement sub-score (PRV)	6.94	2.13	2.13	
DOMAIN SCORE - People and Workforce				2.87
Planned surplus / deficit as a proportion of turnover	-3.5%	4.00		
YTD surplus / deficit	0.3%	1.00		
Aggregated finance score			2.00	
Implied rate of productivity compared with baseline	0.2%	3.30	3.30	
DOMAIN SCORE - Productivity & value for money				2.65
OVERALL AVERAGE SCORE		45.53	35.93	2.00
	FINAL SEGMENTATION			3

To: ICB and NHS trust/foundation trust:
- chief executive officers
- chairs

cc. NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 September 2025

Dear colleagues,

Building on our progress in the second half of 2025/26

When we met on 16 September, I committed to writing out to summarise the key priorities that we discussed for the rest of this year.

Firstly, to reiterate my thanks to each of you and your teams for the tireless efforts to drive improvement and reform across the NHS on so many fronts, and at the same time as having to manage significant change. This is an unprecedented time, both in terms of the depth of the challenges we face and the scale of the actions that we need to take to address them.

As I outlined when we met, progress since April has been astonishing. To move from a predicted end year deficit of £6 billion to the system position being in balance in final plans and at Month 5, whilst at the same time, continuing to improve waiting times in electives, cancer and for emergency care, has required a herculean effort for which I am hugely grateful.

As we look to the rest of this year, the pace, ambition, and determination which you have demonstrated in the first half of the year must continue. This letter seeks to provide clarity on the expectations of all providers and every system in key areas of finance and performance, and in relation to laying the foundations for longer term reform and delivery of the 10 Year Health Plan. It explains how we will work within our new operating model to support and challenge you to deliver, guided by the new Oversight Framework.

Maintaining financial discipline

Thank you for your continued professionalism and grip, which has been instrumental in ensuring the NHS is broadly on financial plan at Month 5. We recognise that many plans are backloaded and so a continued focus is essential to maintain delivery momentum through the second half of the year.

The half-year mark is a critical point. Boards must have a clear view of actual spend, run rate, and the underlying drivers of financial performance. Where run rates are off-plan, now

is the time to act decisively and take the decisions that will enable you to manage risk and implement credible recovery trajectories.

From close working with the CEO and CFO communities, we understand that organisations falling behind are typically struggling to deliver planned efficiencies or manage unplanned workforce costs – these remain key pressure points that need decisive executive action and board support.

The mid year review process outlined below will test assumptions in plans and seek assurance that steps are being taken to maintain financial discipline to the end of the financial year.

Delivering our priorities

Following a strong start to the year, elective and UEC performance has drifted a little over the summer, and we need to take urgent action to ensure delivery returns to plan by the end of Q3. While industrial action has made a significant contribution, it is not the only factor in this drift, which insight and analysis from providers and systems shows is also being driven by higher than expected demand, financial pressures, and challenges on rates of pay.

On electives, trusts that are significantly off plan on activity, RTT and long-waits standards will be required to submit revised trajectories for return to plan by December. While maintaining their focus on 18 weeks performance and managing the size of the list, all providers are expected to eliminate their remaining 65 week waits by mid-December and meet the planning guidance requirements for 52 week waits by the end of March 2026. ICBs will be required to ensure there are plans in place to address demand growth above that assumed in activity plans, and also ensure that Advice and Guidance is optimised across their system. At a regional level, control totals will be set for waiting list size and long waits, and the leadership across the region collectively held to account for delivery of activity plans.

On UEC, we need to improve our position on 4 hours, 12 hours, and ambulance handovers ahead of winter. As part of the winter planning Board Assurance Statement (BAS) process, you will already be confirming that existing trajectories are deliverable in conjunction with winter surge. However, for those trusts consistently off-track, the key actions that sit behind the BAS will need to be submitted to NHS England and they will be tested through the mid year review process to ensure there are realistic plans in place to return to trajectory. Where aspects of the plan are reliant on community and mental health providers, we know you will be working together on your collective system response. As discussed in Tuesday's event, we all need to step up our focus on 4 hours again, and make some significant shifts in this so that we can start to impact on crowding in our EDs. This will be followed by a separate communication on next steps.

Continuing our focus on access to primary care is an important part of managing system pressures. Patients need to be able to contact their GP practice by phone, online or by walking in, and for people to have an equitable experience across these access modes. As part of dealing with the 8am scramble, from 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent

appointment requests, medication queries and admin requests. ICBs should ensure practices are following these requirements.

In addition, ICBs should also continue to support community pharmacy to meet the thresholds of performance for Pharmacy First.

On dentistry, the Government's manifesto commitment is that the NHS will deliver an extra 700,000 urgent dental care appointments. ICBs should urgently ensure that all necessary capacity is commissioned to meet their share of this commitment, that local pathways are in place to effectively match capacity with demand (for example, through 111), and that contractors are delivering on their obligations.

On these key primary care priorities, NHS England will be following up with systems in the coming weeks.

Mid year review process

Led by regions, and underpinned by the Oversight Framework, NHS England will be carrying out mid-year reviews with ICBs and providers over the next 6 weeks. For a small number of systems and providers, I will personally carry out their mid year review.

These discussions will focus on where you are on our key priorities, where there might be risks that need mitigation and opportunities that could be expedited. They will focus on the range of priorities that we all share including finance, quality and performance.

You should prepare for this scrutiny, ensuring that, at organisation and system level, you are ready to articulate a clear and credible financial position for the remainder of this year which delivers operational standards.

Positively, all but one system has confirmed their expectation that they can deliver the operational performance targets set for this year within their financial envelopes, and so, through mid year reviews, we look forward to exploring assumptions.

Resilience during winter

You have been working hard to prepare for this coming winter during the summer months and testing your plans during a series of regional exercises held over the last 2 weeks. We would like to thank you for the time and consideration that you have put into this preparation.

We now have data from the UK Health Security Agency suggesting this winter we may experience circumstances similar to the moderate to severe scenario that we tested in the winter planning exercise. This means that fine tuning our plans and completing preparation is critical.

Over the next 2 weeks, plans must be tightened up and any gaps exposed during the exercise need to be closed, with Board Assurance Statement completed and returned by the end of September.

Working with the COO and EPRR communities, key areas of learning for providers and systems that we have identified include:

- the need for robust plans to maximise vaccination rates across all cohorts, including health and social care workers, and achieve our collective aim of improving frontline staff uptake by at least 5 percentage points
- having a paediatric specific plan for when respiratory viruses cause a surge in demand for primary care, 111 and A&E
- ensuring primary care access is maintained over the Christmas period
- engaging with local authorities and social care providers so that discharge capacity surges at times of peak demand
- having senior clinical decision-maker enhanced rotas in place ready to be activated.
- targeted occupancy reductions in the run-in to the Christmas period
- stepping up personal visibility and leadership, including from CEOs, CMOs, and CNOs, to help lead and support our people through a challenging winter

As we move into delivery of our winter plans, we are asking that a special focus is placed on reducing bed occupancy to below 80% ahead of the Christmas period to give ourselves the best chance of managing the early weeks of January.

During periods of pressure, OPEL escalation level action cards should be consistently applied, and critical incidents only used for short periods to get ahead of further escalation.

To support providers and commissioners, and ensure join up across the system, NHS England will commence its own national and regional operational coordination response 7 days a week from 27 October. This will use data and intelligence to maintain an overview of ambulance response times, OPEL levels, and long waiting times, moving to support when systems are not able to decompress in a timely way.

We know that this will be a challenging period, but we also know that personal leadership – in particular from chief executives, medical and nurse directors, as well as the senior operational team – makes a significant impact on flow, safety and performance. We ask that you make this a priority throughout winter, but particularly during the Christmas, new year and early January period.

Leadership and our people

We discussed on Tuesday the need for us all to step up and lead our people through this challenging period. We have specific actions in place regarding the implementation of the 10 Point Plan for Resident Doctors between now and the end of the year, but we need to redouble our efforts to be mindful of the experience of all staff, especially during periods of high demand and pressure. The best performing organisations make this an organisation wide priority and I would like us to make this more of a central focus for all of us, sitting alongside the focus on patient experience set out in Penny Dash's work and the 10 Year Health Plan.

More will follow on this but, in the meantime, please ensure that this is a central focus for your board and broader leadership team. We all know the impact that regularly walking the

floor and spending time in A&Es and other pressured areas of your organisation has on staff morale, and your ability to understand and manage services.

Looking ahead to 2026/27

As you continue to implement your plans for 2025/26, closing gaps where you have fallen behind, you also need to be shaping your strategy for the following years and how we bring the intent of the 10 Year Health Plan to life.

We shared the foundational elements of the Planning Framework over the summer, and further elements will be published in the coming weeks. Ahead of that, now is the time to begin to prepare for next year and beyond.

In particular, we encourage you to plan for the crucial local service transformations that are needed to improve outcomes and deliver your longer term plans, informed by the demand and capacity analysis that you have been doing over the summer.

Technology and digital solutions are going to be vital for longer term transformation and unlocking our productivity. Cutting back on investments in these areas to help with short term challenges will undermine longer term sustainability and improvement.

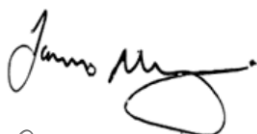
On workforce transformation, we are working with you to build the 10 year workforce plan that will enable the delivery of the 10 Year Health Plan. That will be ready in the coming months and will help us all to plan for the longer term.

Finally, and as discussed on Tuesday, you have responded so well to the challenges we faced together in the spring and you should take pride and hope from that. We all know that there is still a lot to do, and we must ensure that we can deliver our short term operational and financial imperatives while also building for the future. The spirit and energy in the room on Tuesday was very powerful, and I know from many conversations over recent weeks that you really want to engage and shape this all locally with your teams and partners.








Thanks for all you have done so far. Let's all continue to pull together to deliver what we have discussed and set out in this letter, and in the way we have worked together over these past months.

Keep going....

Yours sincerely



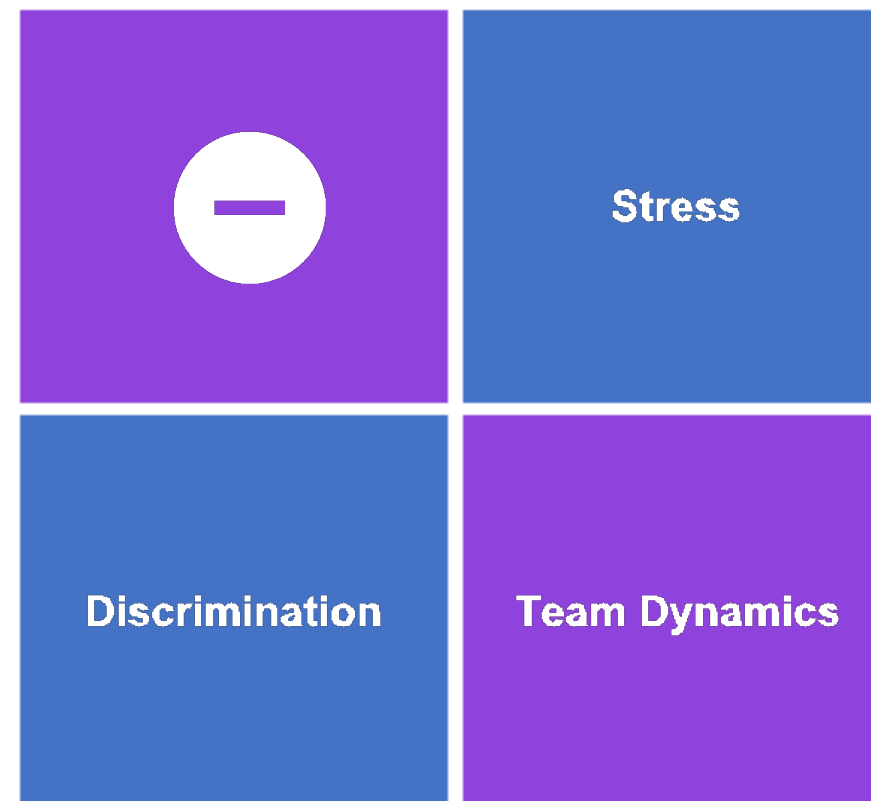
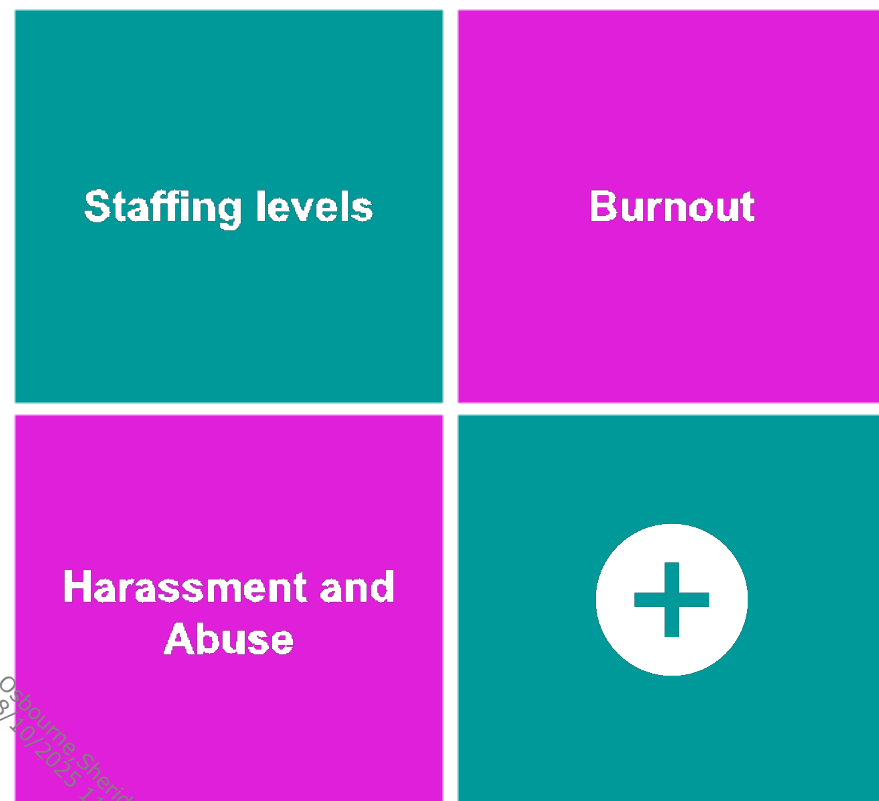
Sir James Mackey
Chief Executive Officer
NHS England

	
	
	
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NHS staff survey 2024

results and action plan

the national picture



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We are
compassionate
and inclusive



We are recognised
and rewarded



We each have a
voice that counts



We are safe and
healthy



We are always
learning



We work flexibly



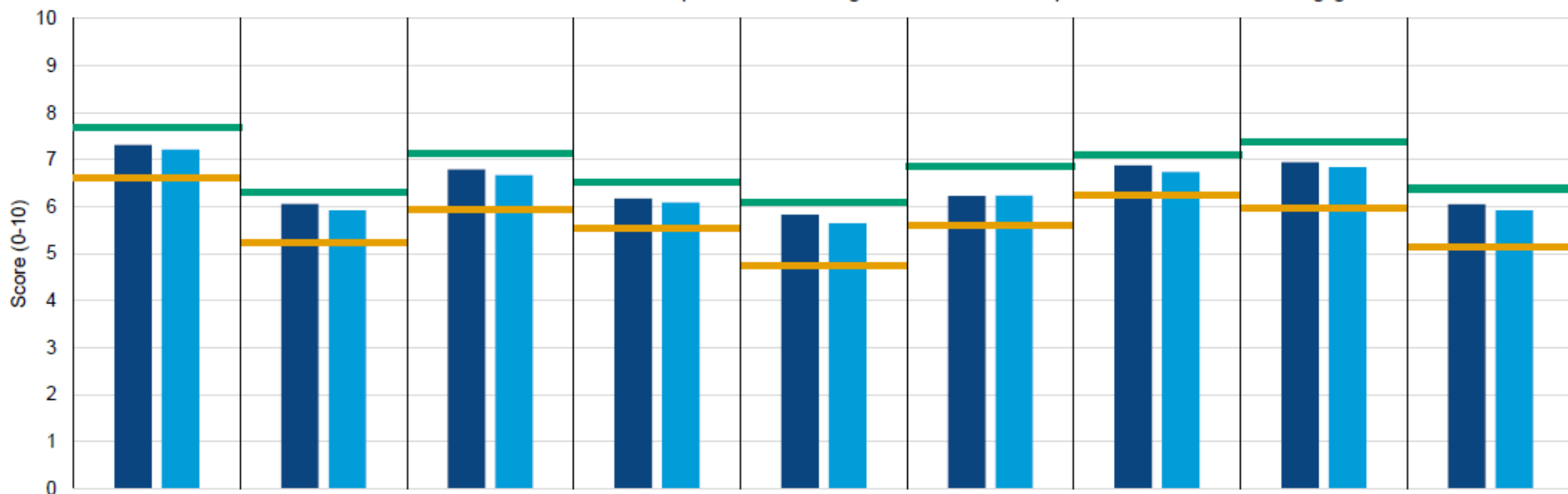
We are a team



Staff Engagement



Morale

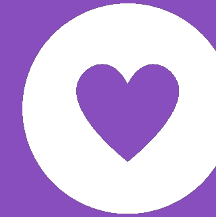


Your org	7.32	6.06	6.80	6.18	5.83	6.23	6.88	6.94	6.06
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3583	3593	3533	3550	3387	3554	3569	3596	3595

areas to be proud of

We remain **above the national average** in all but one People Promise themes

7% increase in response rate



Scores relating to **teams and teamwork**

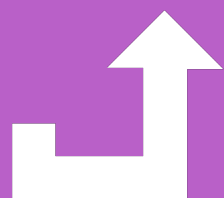
Above national average in 19 of the 21 sub themes

Scores relating to **immediate line managers**

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Career Progression

Discrimination



Recognition

Quality of Appraisals

Colleague Voice

areas of focus

actions to date

Introduced a new 1-1 and appraisal framework
'Dynamic Conversations'

Developed a new **career progression hub:**
'STEP'

Brilliant Bradford Awards to be held
October 2025

Increased **'Thrive Live'** sessions and established
'belonging in action' visits

Launched new 2 day course for all managers
'Leading at a Higher Level'

Held **Thrive Conference** based on the theme of
'Belonging' (May 2025)

EDI Conference on 'Belonging' to be held
October 2025

Refreshed **employee and team of the month** awards

NHS Staff Survey 2025

**Launched on 10
September 2025**

**Closes on 28
November 2025**

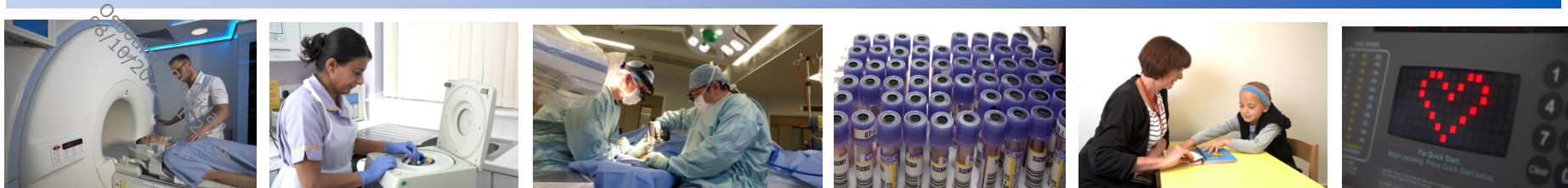
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National health news of significance to our Trust

Presentation to Council of Governors on Thursday 9 October 2025

Shak Rafiq, strategic communications and engagement lead



What this presentation will cover

- Key national developments that are of relevance and significance to our Trust and to our Council of Governors.
- The focus of this presentation is an update on NHS organisational changes, national policy changes for primary care and a round up of regional and place news.
- **Important note** The content of these slides and presentation at the Council of Governors meeting is an interpretation of national health news and announcements by our communications and engagement lead. It is not intended to form any official statements or policy decisions for the Trust and is solely intended to provide the Council of Governors with a review of key news items.

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Update on organisational changes

- NHS England to merge with Department for Health and Social Care. The latest update – as covered by the Health Service Journal – suggests that the timelines are likely to change and it is unlikely that a merger will be complete by April 2027 as there may not be enough time for legislation to pass through Parliament. Will provide an update once official lines are available.
- NHS West Yorkshire ICB organisational change programme. NHS West Yorkshire ICB had planned to begin consultation with staff on future structures this year, following national announcements in March that ICBs would reduce in size by 50%. A lack of national clarity on funding for redundancies has meant this consultation is now delayed until 2026/27.
- NHS Providers and NHS Confederation to merge. The boards of NHS Providers and NHS Confederation have agreed in principle to merge, with a final decision expected by the end of October.

Primary care: Jess's rule

- Jessica Brady, pictured to the right, passed away due to cancer in December 2020 at the age of 27. In the five months leading up to her death Jess had over 20 consultations with her GP practice, and her cancer had not been diagnosed. Jess was then admitted to hospital with stage 4 adenocarcinoma and passed shortly afterwards.



Jess's Rule: Three strikes and we rethink

- If a patient presents three times with the same symptoms or concerns, particularly if symptoms unexpectedly persist, escalate, or remain unexplained, it's time to rethink.
- The rule mandates a review of the patient's full record, consideration of more tests or a face-to-face appointment, a potential second opinion, **and if necessary, a referral to a specialist.**

Three times
and we rethink



Reflect



Review



Rethink

Primary care: online consultation

- From 1 October 2025, all general practices are required to have their online consultation system available throughout core hours to support equitable access across the three contact routes:
 - Phone
 - Online
 - Walk-in
- **Patients will be able to request appointments online throughout the day rather than calling their surgery or visiting in person.**
- DHSC press release states “Online access is not consistent across the country and is especially difficult in overlooked areas. Some GP practices turn online requests off when they reach a certain number, while others only have the online function available for a few hours a day. **When patients can’t get through on the phone, 6.6% end up in A&E...**”



NHS online hospital

- The NHS online hospital will be a new, NHS-owned national provider that will deliver elective care digitally. NHS Online will offer specialist services to patients from anywhere in England.
- This was announced on 30th September through the PM's Labour Party Conference speech with follow up activity from NHS England and DHSC.
- In October, a survey will ask NHS consultants how they want to work within the new online hospital. Regular ongoing partner engagement will focus on patient groups; clinical leadership; system representative groups and workforce leaders / unions. The intention is for the first patients to be seen using the service from 2027.
- In a move from analogue to digital, NHS Online won't have a physical site. Instead, it will connect patients with clinicians across the country through secure, online appointments accessed through the NHS App.

Baroness Amos national investigation for maternity and neonatal services

- In August 2025 the Government announced that Baroness Valerie Amos had been appointed to lead the independent investigation into NHS maternity and neonatal services to drive urgent improvements to care and safety.
- It was announced on Monday 15 September 2025 that Bradford Teaching Hospitals NHS Foundation Trust is one of 14 trusts nationally that are included in the investigation.
- Information we have shared with our communities
 - Webpage providing further information on the investigation, including FAQs provided by Baroness Amos [National investigation into maternity and neonatal services](#)
 - Statement issued to the local media [Baroness Valerie Amos maternity and neonatal national investigation](#)
 - Press release and social media messages to encourage people to share experiences with our Maternity and Neonatal Voices Partnership

Regional and place updates

- Integrated neighbourhood health programme has started with webinars held to help outline the West Yorkshire blueprint for neighbourhood health. Bradford District and Craven was one of the 43 sites chosen nationally as early implementer sites and place-based work is taking shape to localise the model.
- Standing together in solidarity following recent events. A West Yorkshire wide statement of solidarity was issued following recent events that have led to concerns among communities. A place wide statement is being developed and as a Trust we issued an internal message.
- Bradford District and Craven health, care and wellbeing strategy published which will guide our work based on population health data and citizen insight. The strategy will help us system-wide approaches in response to the three shifts of the 10 Year Plan for England. The strategy is available on the place-based partnership website <https://bdcpartnership.co.uk/our-strategy/>

Public information campaigns

- We have issued a statement and provided links to evidence-based information to dispel claims and myths circulating linking the use of paracetamol in pregnancy to autism in children. These comments have caused understandable concern, but health experts and autism charities are clear: there is no credible evidence to support this claim. See our website for more info – please share [Paracetamol in pregnancy: no evidence of a link to autism](#)
- Bradford District and Craven cancer screening awareness campaign launched. The campaign focuses on bowel, breast, cervical and lung cancer screening. It has been co-created with community members and clinical teams to ensure it is culturally sensitive, rooted in real stories, and provides clear, reassuring information. The aim is to break down myths and encourage more people to come forward when invited for screening. Please share the link within your community groups and networks www.NHSScreening.co.uk. A toolkit of resources is available, please communications@bradford.nhs.uk to request them.

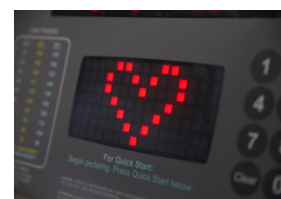
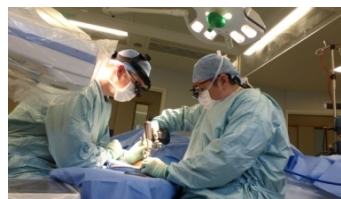
In other news...

National and regional news

- Reclaim the night events to be held on 26 October across West Yorkshire, including Bradford, as a collective stand of solidarity against violence against women and girls.
- Model blueprint for regions published. The Model region blueprint (requires access to NHS Futures) begins to explain the role of the seven regions as the 'leadership interface between the centre and local health systems, overseeing strategy, managing performance and coordinating improvement and intervention'

Local news

- [VCSE locality leads have been announced](#), they will play a key role in bringing the VCSE voice to work that is looking to establish integrated neighbourhood health and care teams in Bradford District and Craven
- Programme confirmed for [Black History Month events in Bradford](#).
- Bradford 2025 finale event, [Brighter Still](#), takes place on 20 and 21 December to bring the curtain down on Bradford's year as UK City of Culture.





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Bradford Teaching Hospitals NHS Foundation Trust

Auditor's Annual Report 2024/25

October 2025

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Executive summary

We conduct our audit in accordance with the National Audit Office’s Code of Audit Practice, International Standards on Auditing (UK) (“ISAs (UK)”) and applicable law.

We are independent of Bradford Teaching Hospitals NHS Foundation Trust (“the Trust”) in accordance with applicable ethical requirements, including the Financial Reporting Council’s Ethical Standard.

The Trust’s Annual Report and Accounts, including our audit report, are available on the Trust’s website.

Audit opinion on the financial statements	We issued an unqualified opinion on the Trust’s financial statements on 30 June 2025. We did not identify any matters where, in our opinion, proper practices had not been observed in the compilation of the financial statements.
Remuneration and Staff Report	We reported that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.
Value for money (“VfM”) arrangements to secure economy, efficiency and effectiveness in the use of resources	<p>We are required to report if we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Our VfM assessment covers three specified reporting criteria: financial sustainability; governance; and improving economy, efficiency and effectiveness.</p> <p>As detailed on page 15, we reported to the Trust a significant weakness in the Trust’s arrangements in respect of governance and made recommendations to the Trust.</p>
Annual Governance Statement	We did not identify any matters where, in our opinion, the Annual Governance Statement did not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, was misleading, or was inconsistent with information of which we are aware from our audit.
Annual Report	We reported that the information given in the Annual Report for the year ended 31 March 2025 is consistent with the financial statements.
Other powers and reports	We did not exercise our additional reporting powers (to issue a report in the public interest, or a report to NHS England) in respect of the year ended 31 March 2025.
Audit Certificate	We have not yet issued our audit certificate, as we are not able to do so under the National Audit Office’s Auditor Guidance Note 07, Auditor Reporting, until we are advised by the National Audit Office that the audit of the NHS group consolidation is complete, which is expected to be in the autumn. We will then issue a separate audit certificate.

Purpose of this report

This report presents the key findings arising from our audit work at Bradford Teaching Hospitals NHS Foundation Trust (“the Trust”) for the year ended 31 March 2025.

The report has been prepared in accordance with the National Audit Office’s (“NAO”) 2024 Code of Audit Practice and its supporting Auditor Guidance Note (“AGN”) 03 Value for Money, and AGN 07 Auditor Reporting. These are available from the NAO website.

This report includes our commentary on the Trust’s arrangements to secure economy, efficiency and effectiveness in the use of resources (“Value for Money”, “VfM”). We assess the Trust’s VfM arrangements based on our risk assessment. Our commentary focuses on our key observations on the Trust’s arrangements, and does not consider the adequacy of every arrangement the Trust has in place, nor does it provide positive assurance that the Trust is delivering or represents value for money.

Where we identify recommendations, we indicate whether these are:

- 1) Recommendations in respect of significant weaknesses in the Trust’s VfM arrangements, which we are required to make in accordance with AGN 03 where we identify a significant weakness; or
- 2) Other recommendations, which we indicate as “Deloitte Insights” (and which are summarised in Appendix 1).

The significant weakness identified in the Trust’s VfM arrangements and related recommendations are set out on page 15.

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Our financial statement audit approach

An overview of the scope of the audit

Our audit approach is based upon obtaining an understanding of the Trust, including its systems, processes, risks, challenges and opportunities, and the size, composition and qualitative factors relating to account balances, classes of transactions and disclosures. These risk assessment procedures enable us to identify risks of material misstatement in the financial statements, and then then tailor our audit procedures to address those risks.

Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team, led by the audit partner, Nicola Wright. The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and information technology systems.

Materiality

Our work is planned and performed to detect material misstatements. We determined materiality for the Trust to be £13.1m (2023/24: £12.0m) on the basis of 2% of revenue.

Procedures for auditing the Trust's financial statements

Our audit procedures included:

- interviewing members of the Trust's management team and reviewing documentation to test the design and implementation of the Trust's internal controls in certain key areas relevant to the financial statements; and
- performing sample tests and analytical procedures on amounts in the Trust's financial statements to test the recorded transactions, balances and disclosures.

Data analytic techniques were used as part of audit testing, in particular to support profiling of populations to identify items of audit interest and in journal testing, using our Spotlight data analytics platform.

Approach to audit risks

We focused our work on areas which we considered to be of higher risk, which are referred to as significant risks.

Our audit plan, presented to the Trust's Audit Committee, detailed the significant risks for the Trust's audit, and our planned procedures.

Our final report to the Trust's Audit Committee reported the findings from our procedures.

We have made recommendations in our Audit Committee reporting to management for improvement in the Trust's policies, procedures and internal controls based on observations from our work. We do not consider these recommendations to reflect significant weaknesses in the Trust's VfM arrangements.

We have provided a summary of each of the significant audit risks on the following pages.

Financial statement audit significant risks

Risk	Procedures undertaken	Findings
<p>Accounting for capital expenditure</p> <p>The Trust has an extensive capital programme, with actual capitalised spend in property, plant and equipment (“PPE”) for the year of £40.2m (2023/24: £52.4m). Accounting for capital expenditure can involve significant judgements. Whether expenditure is capitalised, and the period it is recognised in, can significantly impact against the budgetary control totals the Trust is assessed against by NHS England.</p> <p>The continuing high level of expenditure in the current year, and the annual cut-off of capital budgets and requirements of Public Dividend Capital funding increase the risk of amounts being incorrectly capitalised, or of incorrect recognition in the current period. This has been identified as a significant risk due to fraud in light of these factors.</p>	<ul style="list-style-type: none"> • We reviewed the Trust’s capital plans and noted the continuing high spend in year and especially the final quarter. • We evaluated the design and implementation of controls around the capitalisation of costs. • We tested spending on a sample basis to confirm that it complies with the relevant accounting requirements. • Where there was not a related disposal of an existing asset, we evaluated management’s assessment that no adjustments to the value of previously capitalised works were required. 	<p>We reported to management one control finding in relation to £1.3m of capitalised employee costs which had been capitalised as part of large PPE and intangible asset projects. We recommended that detailed records are maintained detailing the work performed by the employees to ensure the amounts capitalised are directly attributable to bringing the asset into working condition.</p>
<p>Property valuations</p> <p>The Trust is required to hold property assets at a current valuation. Valuations are by their nature significant estimates, based on specialist judgement and management assumptions, and which can be subject to material changes in value. In performing our testing of the valuations, we assessed as a significant risk that subjective valuation assumptions, including modern equivalent asset assumptions, obsolescence and land values, are inappropriate or inappropriately applied.</p>	<ul style="list-style-type: none"> • We evaluated the design and implementation of key controls in place around the property valuation. • We tested a sample of the key inputs to the valuation/the key asset information provided by the Trust to the valuer back to supporting documentation. • We used our valuation specialists to review and challenge the appropriateness of the assumptions used in the year-end valuation of the Trust’s land and buildings. • We reviewed the presentation of revaluation movements and impairments, and the disclosures included in the financial statements. 	<p>We identified the opening revaluation reserve was overstated by £0.4m due to historic valuation movements being incorrectly recognised in the revaluation reserve. This resulted in £0.3m being recognised in the Statement of Comprehensive Income as reversing impairments which should have been recognised in the revaluation reserve, therefore, the operating expenditure was understated by £0.3m.</p>

Financial statement audit significant risks (continued)

Risk	Procedures undertaken	Findings
<p>Management override of controls</p> <p>Auditing standards require us to perform procedures to address the risk of management override of controls, including through influencing judgements and estimates, as well as overriding the Trust's controls for how specific transactions are accounted for.</p>	<ul style="list-style-type: none">• We evaluated the design and implementation of controls over journals, accounting estimates and significant and unusual transactions.• We tested accounting estimates, including evaluating for indications of bias in estimates. Where relevant, we: evaluated the methods used to determine estimates; compared to relevant third party information; and assessed the recognition and valuation criteria to specific requirements of accounting standards.• We used our Spotlight data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting. We traced the journals to supporting documentation, and evaluated the accounting rationale for the posting.• We did not identify any material unusual transactions outside the normal course of business of the Trust.	<p>We identified a key judgement made by management in relation to the release of a £1.2m provision. We agreed with management's judgement to release the provision, however we concluded this was a prior year error as this should not have been included as a provision in the previous period.</p>

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Auditor’s work on Value for Money (“VfM”) arrangements

The Accounting Officer and the Board are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money.

The Accounting Officer reports on the Trust’s arrangements, and the effectiveness with which the arrangements are operating, as part of their Annual Governance Statement.

Under the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. In accordance with the National Audit Office’s Auditor Guidance Note 3, we are required to assess arrangements under three areas:

Financial sustainability	How the body plans and manages its resources to ensure it can continue to deliver its services
Governance	How the body ensures that it makes informed decisions and properly manages its risks
Improving economy, efficiency and effectiveness	How the body uses information about its costs and performance to improve the way it manages and delivers its services

This report presents our findings on the Trust’s VfM arrangements. We have reported a significant weakness in the Trust’s governance arrangements. Please see page 15 for further details.

In addition to our financial statement audit, we performed a range of procedures to inform our VfM commentary, including:



Interviews with key stakeholders, including the Chief Executive, Board Chair, Chief Finance Officer and Audit Committee Chair.



Review of Board and Committee reports and attendance at Audit Committee meetings.



Reviewing reports from third parties including the Care Quality Commission and correspondence with NHS England.



Considering the findings from our audit work on the financial statements.



Review of the Trust’s Annual Governance Statement and Annual Report.

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Auditor's work on VfM arrangements (continued)

Trust performance

The NHS Oversight Framework

The NHS Oversight Framework provides an overview of the level and nature of support required by organisations and systems during 2024/25.

It is built around five national themes:

- quality of care, access and outcomes;
- preventing ill health and reducing inequalities;
- people;
- finance and use of resources; and
- leadership and capability.

NHS England allocates trusts to one of four 'segments'. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

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The table below summarises the Trust's performance across a range of measures. Where relevant, additional commentary is provided on the following pages.

	2024/25	2023/24
(Deficit)/Surplus	£(13.3)m	£(6.9)m
Adjusted (Deficit)/Surplus	£(4.8)m	£4.6m
EBITDA as % of income	2.7%	3.5%
Cost Improvement Programme delivery (£m / % of plan)	£32.9m / 85% of plan	£29.0m / 100% of plan
Cash at 31 March	£31.9m	£64.2m
NHS Oversight Framework segment	3	2
Reported breaches of Licence Conditions	Yes	Yes
CQC report conclusions (last full inspection report date April 2020)	Good	Good
Head of Internal Audit Opinion	Significant Assurance	Significant Assurance
Annual Governance Statement - significant internal control issues	None	None

VfM arrangements: Financial sustainability

Approach and considerations

We have considered how the Trust plans and manages its resources to ensure it can continue to deliver its services, including:

- How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the body plans to bridge its funding gaps and identifies achievable savings;
- How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the body identifies and manages risks to financial resilience, e.g., unplanned changes in demand, including challenge of the assumptions underlying its plans.

Commentary

- The Trust reported a deficit for the year of £13.3m (31 March 2024: deficit of £6.9m) against a planned deficit of £10m.
- At 31 March 2025, the Trust had net assets of £248.5m (31 March 2024: £247.7m), net current liabilities of £26.2m (31 March 2024: net current liabilities of £11.1m), and cash of £31.9m (31 March 2024: £64.2m). The Trust also reports its non-statutory adjusted financial performance on a control total basis which shows a deficit for the year of £4.8m (31 March 2024: surplus of £4.6m).
- The Trust Board receives a finance report each month which includes the details of the Trust's plan and outturn, including commentary to explain variances, with greater details provided where the Trust is off target.
- The Trust reviews its financial risks at Board on a monthly basis, and where appropriate, updates are made to either risk scores or mitigating actions and this is documented in the minutes. Both the Trust Board and the Finance and Performance Committee are involved in the management of financial risk, through their challenge, review and requests for information.
- The Trust has in place a Budgetary Management Framework that sets out the operational rules and processes which management rely upon to ensure sound financial management. The annual budget setting is conducted as part of the annual planning exercise for which the Chief Finance Officer has executive responsibility.

VfM arrangements: Financial sustainability (continued)

Commentary

- The Trust's 2025/26 financial plan is based upon a forecast deficit of £17m. This assumes efficiency savings of £33m (5% of operating expenditure). This compares to planned efficiency savings for 2024/25 of £38.9m (6% of operating expenditure), of which the Trust reported achieving £32.9m, or 84.7% of plan. The Trust planned to deliver 84% of these savings recurrently, but reported delivering 79% recurrently. When the Trust submitted the budget for 2025/26, the Trust had plans in progress or fully developed for 64% of that target.
 - We identified a risk of significant weakness in respect of the Trust's arrangements to have in place appropriately developed plans to address the forecast deficit in 2025/26 and the delivery of the significant level of efficiency savings that the plan requires as well as the forecast reduction in the cash balance from £31.9m in the current year to £3.5m at the end of 2025/26. In response, we discussed with management the progress made in identifying and delivering the required efficiencies as part of the Closing the Gap ("CTG") programme. The efficiency savings are made up of £22.6m recurring and £10.4m identified as non-recurrent. Due to an additional £5.3m funding received from the ICB, the Trust's revised CTG target is now £38.3m. The Trust has identified £39.4m saving schemes and is currently forecasting to achieve savings of £31.4m. The Trust has tasked all Clinical Service Units(CSU) to identify additional schemes to implement and also bring forward the implementation of the identified schemes in order to bridge the savings gap.
 - The Trust's cash forecast for 2025/26 shows a decline in cash which is expected to reduce to £3.5m. This means the Trust might require cash support from the Integrated Care Board and/or NHS England. Due to the risk that the Trust may have required cash support in 2024/25, a new daily cashflow model was developed which sets out actual and forecast income and expenditure on a daily basis. A weekly Cash Committee is also held each Tuesday to check cash is in line with the agreed forecast and to discuss any changes that need to be included in the forecast. In addition, a monthly cash report is submitted to the Finance and Performance Committee setting out whether cash support will be needed and the process involved in obtaining the necessary approvals before any applications are made.
 - We concluded that there was not a significant weakness in the Trust's arrangements but have included a recommendation in Appendix 1 as a Deloitte insight.
-

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VfM arrangements: Governance

Approach and considerations

We have considered how the Trust ensures that it makes informed decisions and properly manages its risks, including:

- How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
 - How the body approaches and carries out its annual budget setting process;
 - How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
 - How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee; and
 - How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests), and for example where it procures or commissions services.
-

Commentary

- The Trust has a risk management strategy which sets out the purpose and principles underlying the strategy as well as the risk scoring, monitoring and reporting processes. Alongside this the Trust has a risk assessment handbook which provides additional guidance on identification, assessment and managing of risks.
 - Budget setting combines elements of top down planning and modelling at a corporate level and bottom up intelligence gathering and forecasting in which individual departmental budget holders contribute. The top down part ensures that issues such as inflation rates, commissioner contracts, demographic changes and system level pressures are factored in while the bottom up methodology considers capacity and demand at a specialty or service level, quality issues, new clinical standards or service specific issues.
 - The “Well Led” element of the last CQC report has not been issued yet.
 - The Trust was moved from segment 2 to segment 3 of the NHS Oversight Framework in May 2024 due to the issues facing the Trust and continued governance concerns including a deterioration in relationships between members of the Board. Furthermore, NHS England imposed additional licence conditions on the Trust pursuant to section 111 of the Health and Social Care Act 2012, and the Trust agreed to a number of enforcement undertakings to address the concerns raised.
-

VfM arrangements: Governance (continued)

Commentary

The enforcement undertakings were:

- The review of Board leadership and governance and the implementation of the findings. This is covered by the CQC well led inspection which the Trust is currently awaiting the final report.
- Regular meetings with NHS England. An Integrated Quality Improvement Group (IQIG) has been set up by NHS England to oversee and support the Trust in addressing the concerns and making the required improvements. During the year there have been monthly meetings between the Trust and IQIG attended by key personnel from the Trust including the Board Chair, Chief Executive, Chief Finance Officer and Chief Nurse.

The monthly meetings have reduced post year end due to progress made by the Trust during the year.

We reported a significant weakness in the prior year, and we consider it remains in existence for the current year.

We do not consider it necessary to make any additional recommendations in the current year as the recommendations made in the prior year are still applicable. We have set these out on page 15.

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VfM arrangements: Governance (continued)

Commentary

NHS Provider Code of Governance

The Trust's statement of compliance with the Code is set out on page 110 of the Annual Report. It states that the Trust considers it has complied with the provisions of the Code throughout the year except for provisions B2.5, C4.7 and E2.2 where there is partial compliance or non-compliance.

These non-compliance are :

- The roles of Chair and Chief Executive must be held by separate individuals, and a Chief Executive should not subsequently become Chair of the same trust. For the Trust, this was an interim position, and the Senior Independent Director is the Chair of the Audit Committee. NHS England confirmed its support for the interim appointment.
- Trusts are strongly encouraged to undertake externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, with the external reviewer and any connections to the trust or its directors/governors being disclosed in the annual report. The Care Quality Commission has undertaken a well led inspection, and the Trust is currently awaiting the final report on this. We have identified a significant weakness in relation to this. Please see details on the next page.
- Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director (NED) remuneration structure. The NED remuneration for the Trust is currently set at £13,785 and has been set at this level since 2011. The annual remuneration cap set by NHS since the guidance came into place in 2019 is £13,000. The Trust have determined not to make changes to previously agreed remuneration.

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VfM arrangements: Governance (continued)

The details of the significant weakness identified are set out in the table below:

Significant weakness	Governance issues in relation to how the organisation monitors and ensures appropriate standards are met, such as meeting legislative/regulatory requirements.
Nature of the significant weakness identified	In the prior year, we reported weaknesses in arrangements in respect of governance, specifically in respect of how the organisation monitors and ensures appropriate standards are met, such as meeting legislative/regulatory requirements in respect of circumstances which resulted in investigation by NHS England, a 'Well led' review by the Care Quality Commission, the placing of the Trust in oversight framework segment 3 and enforcement undertakings been placed on the Trust.
Evidence on which our judgement is based	We have concluded that the significant weakness remains in existence in the current year. The NHSE Enforcement Undertakings were issued in August 2024, and the Trust has been working with NHSE throughout the year to implement changes. Although we note the Trust has made progress, the enforcement undertakings were issued during the year and the Trust was implementing changes during the period, we have therefore concluded that the significant weakness has not been addressed in year.
Impact on the Trust	The events which led to the adverse publicity have resulted in a responsive Care Quality Commission review which led to further adverse comment and downgrading of the Trust's regulatory rating and enforcement undertakings being placed on the Trust.
Recommendation	<p>In the prior year, we recommended that management ensures that:</p> <ul style="list-style-type: none"> the Trust acts upon the recommendations made by NHS England; and the Trust addresses any findings that may be made by the Care Quality Commission when they report the results of their review. <p>We have not made any new recommendations in the current year as these still apply in the current year.</p>
Management response	The Trust has been working positively with NHS England over the last year to enact the agreed actions, and will continue to ensure these are progressed to completion. The Trust will put in place appropriate actions to respond to the findings of CQC when their inspection reports are finalised.

Osbourne Sheridan
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VfM arrangements: Improving economy, efficiency and effectiveness

Approach and considerations

We have considered how the body uses information about its costs and performance to improve the way it manages and delivers its services, including:

- How financial and performance information has been used to assess performance to identify areas for improvement;
 - How the body evaluates the services it provides to assess performance and identify areas for improvement;
 - How the body ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
 - Where the body commissions or procures services, how it assesses whether it is realising the expected benefits.
-

Commentary

- The Trust's Audit Committee approves the annual Internal Audit Plan and Counter Fraud Plan, and receives updates at Committee meetings through the year. The Trust's Head of Internal Audit opinion for the year was "Significant Assurance". Internal audit issued five limited assurance reports and one low assurance report in the current period.
- Overall, the Trust is rated as Good by the Care Quality Commission (CQC). In the current year, the CQC performed three inspections of the Trust's neonatal, maternity and medical care services at the Bradford Royal Infirmary site. Neonatal had an overall rating of outstanding and Medical Care was rated as Good. In the current year, the inspection of maternity was focused on just the safe and well led elements which were both rated as good. However, Maternity's overall rating continues to be requires improvement. The Trust is still awaiting the final "Well led" report undertaken due to ongoing governance issues.
- The Trust continues to review its partnership arrangements regularly and Trust Board receives regular reporting in respect of partnerships and the associated partnership boards. To ensure that relevant information is fed back into the Trust's processes, relevant executive directors, deputies and clinicians are involved in a range of regular meetings at Place committees covering quality, finance and performance and leadership as well as ICS meetings for 'Leadership and oversight', Finance Directors and Delivery Programmes.
- The Trust has a procurement function who develop the Trust's procurement strategy in line with the procurement policy. The policy's aim is to ensure that the Trust operates in an open and transparent manner and achieves value for money. It focuses on ensuring that an appropriate level of competitive tendering is used in each case and that any use of the options to waive the tendering requirements are appropriately approved by senior officers and reported to the Audit Committee.

Purpose of our report and responsibility statement

What we report

Our report fulfils our obligations under the Code of Audit Practice to issue an Auditor's Annual Report that brings together all of our work over the year, including our commentary on arrangements to secure value for money, and recommendations in respect of identified significant weaknesses in the Trust's arrangements.

What we don't report

Our audit was not designed to identify all matters that may be relevant to the Trust.

Also, there will be further information the Boards need to discharge their governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and work under the Code of Audit Practice in respect of Value for Money arrangements.

The scope of our work

Our observations are developed in the context of our audit of the financial statements.

Use of this report

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Bradford Teaching Hospitals NHS Foundation Trust, as a body, in accordance with the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in our Audit Report and Auditor's Annual Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Deloitte LLP

Newcastle upon Tyne | October 2025

Appendix 1: Recommendation summary

Throughout our report we have included areas of improvement, which do not represent a significant weakness. We have summarised these below:

Number	Area	Recommendation
1	Financial Sustainability	The Trust has a significant savings plan for 2025/26 and achieved 84.7% of planned savings in 2024/25. We recommend the Trust should closely monitor the Closing The Gap programme to ensure opportunities are identified and savings achieved.

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Appendix 2: Trust's responsibilities

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The Chief Executive, as Accounting Officer of the Trust, is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Accounts Direction issued by NHS England, which requires the Trust to comply with the Department of Health & Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. In applying the going concern basis of accounting, the Accounting Officer has applied the 'continuing provision of services' approach set out in the Group Accounting Manual, as it is anticipated that the services the Trust provides will continue into the future.

The Accounting Officer is required to confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced, and understandable, and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

The Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources, for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance, for safeguarding the assets of the Trust, and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Accounting Officer and the Board are responsible for ensuring proper stewardship and governance, and reviewing regularly the adequacy and effectiveness of these arrangements.

Appendix 3: Auditor's responsibilities

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Auditor's responsibilities relating to the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under the Code of Audit Practice and the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General, as to whether the Trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the Trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025. Other findings from our work, including our commentary on the Trust's arrangements, are reported in our Auditor's Annual Report.

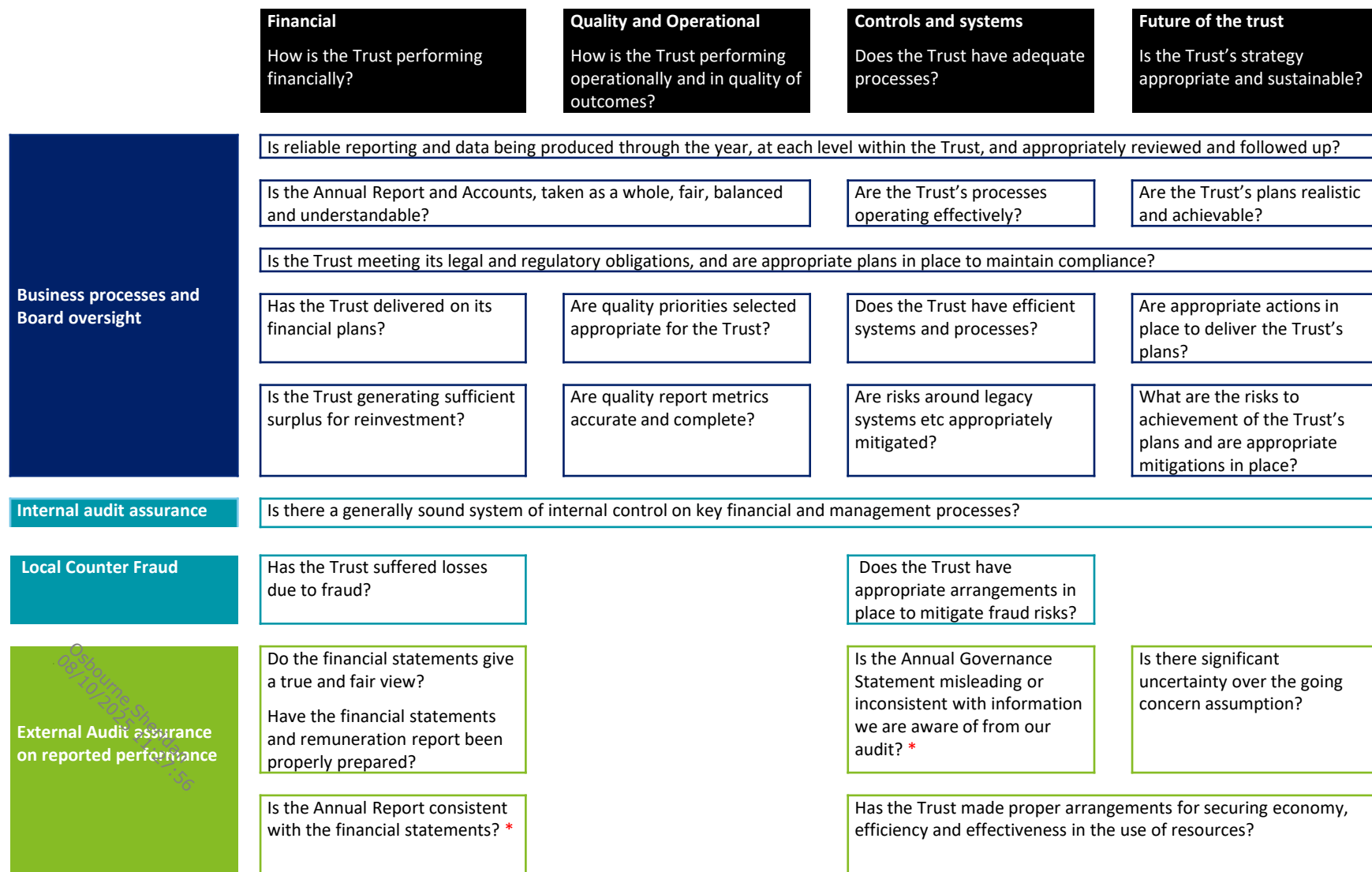
Auditor's other responsibilities

We are also required to report to you if we exercise any of our additional reporting powers under the National Health Service Act 2006 to:

- NHS England if we believe that the Trust or an officer of the Trust is
 - about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure;;
 - about to take, or has begun to take a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency
- consider whether to issue a report in the public interest.

Appendix 4: Assurance sources for the Trust

The diagram below illustrates the assurances provided by external audit around finance, quality, controls and systems and the future of the Trust (in the green rows) and how this fits with some of the other assurances available over the Trust's position and performance.



* The scope of external audit in this area is "negative assurance" of reporting by exception of issues identified.

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National
Guardian

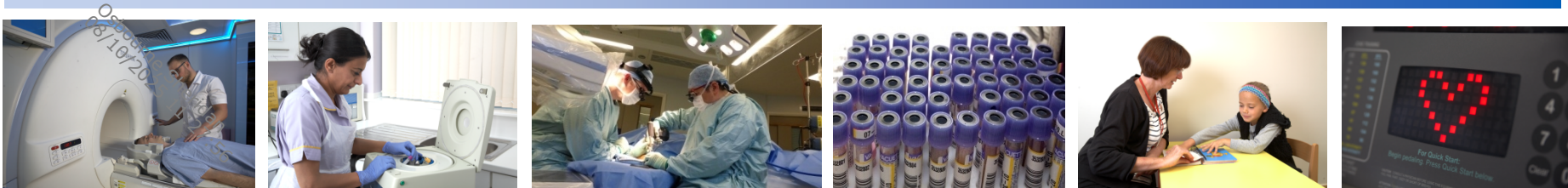
Freedom to Speak Up

NHS

Bradford Teaching Hospitals
NHS Foundation Trust

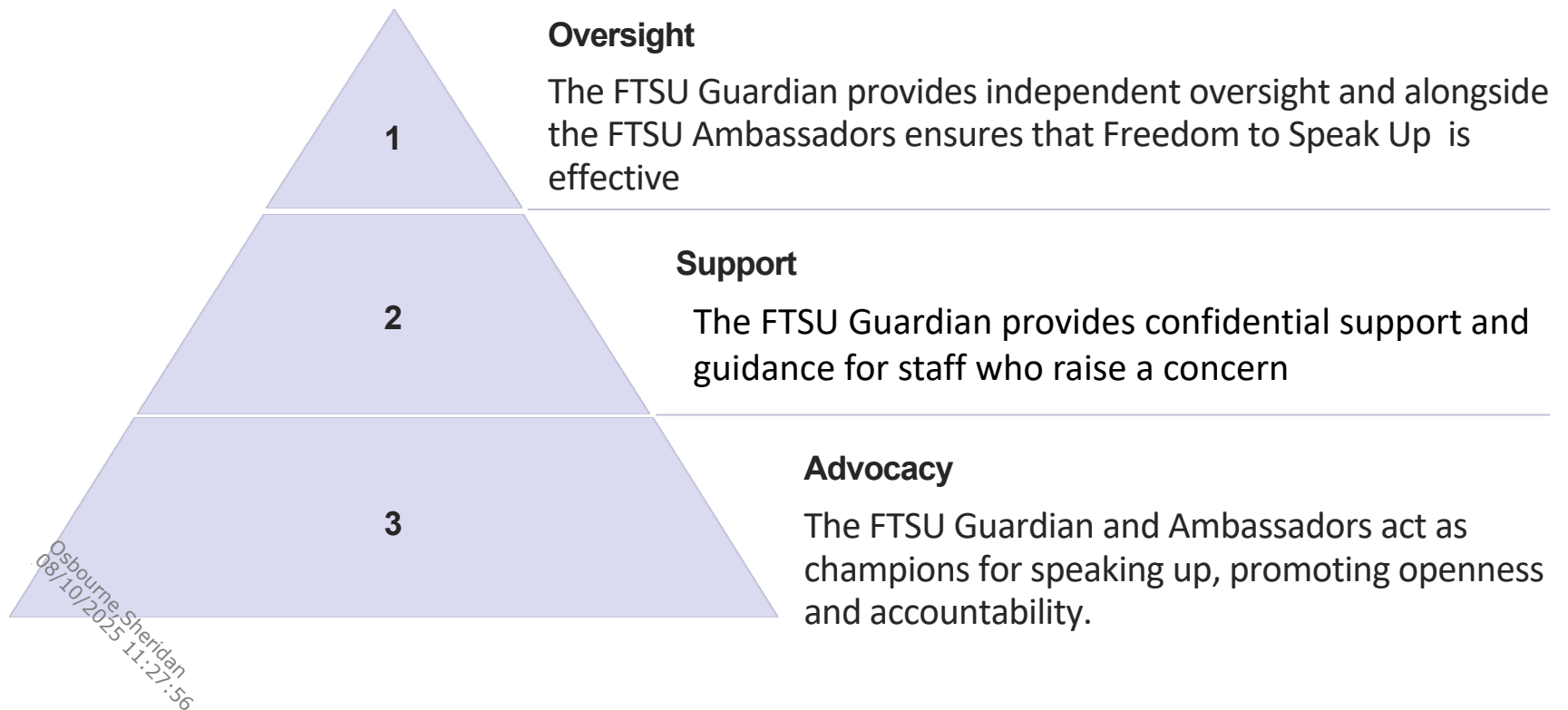
Freedom To Speak Up

Sue Franklin – Associate CN, FTSU Guardian,



Together, putting patients first

The Role of the Freedom to Speak Up Guardian



FTSU Team – What we do?

The FTSU team help:

- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement
- Ensure that the concerns are acted on and feedback given to the person who raised the concerns, escalating when necessary
- Submit quarterly reports to the NGO and the Board of Directors via People Academy

By ensuring that:

- Workers are supported to speak up – suffering no detriment
- Barriers to speaking up are addressed
- A positive speaking up culture is fostered
- Issues raised are used as opportunities for learning and improvement

Freedom to Speak up

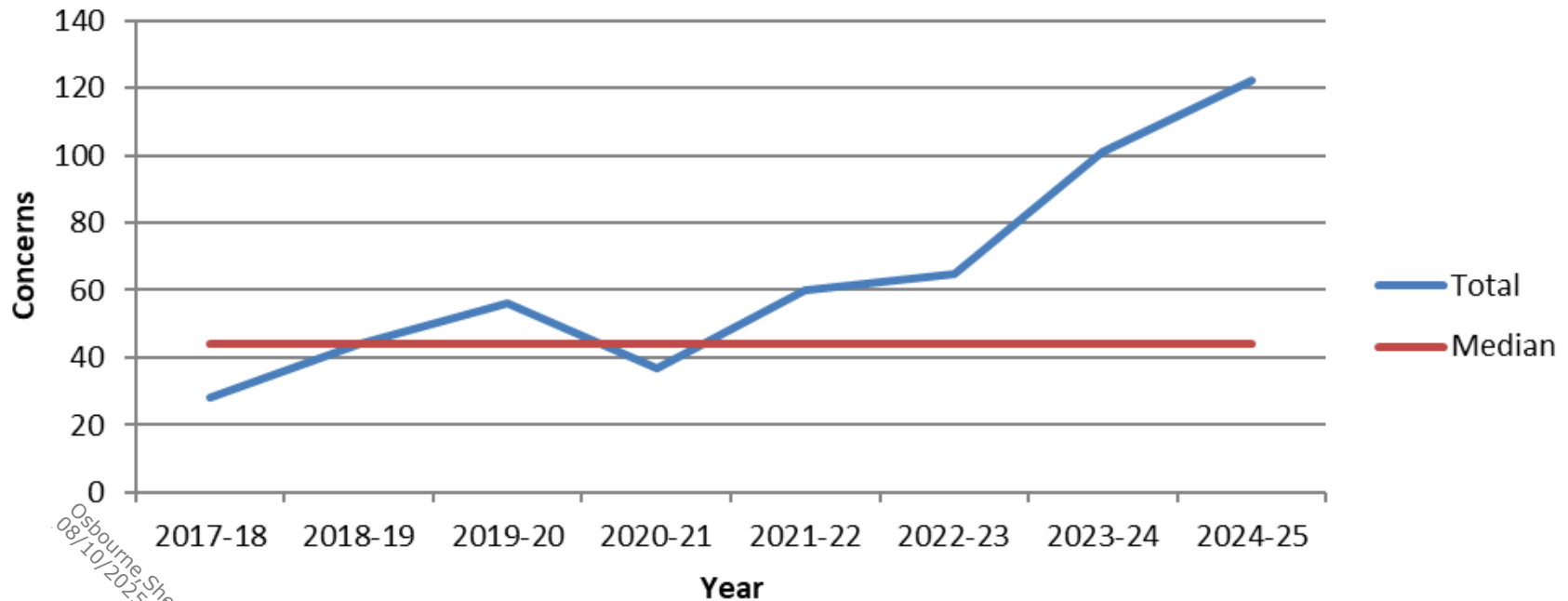
We hope that staff can raise their concern first with their line manager/Clinical Director or speciality lead.

They can raise a concern about a risk, malpractice or wrongdoing that they think may be harming the service we deliver, for example:

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor response to a reported patient safety incident
- Suspicions of fraud
- Bullying culture
- Hate crime or cultural issues
- Unacceptable behaviours

Number of FTSU concerns raised per year

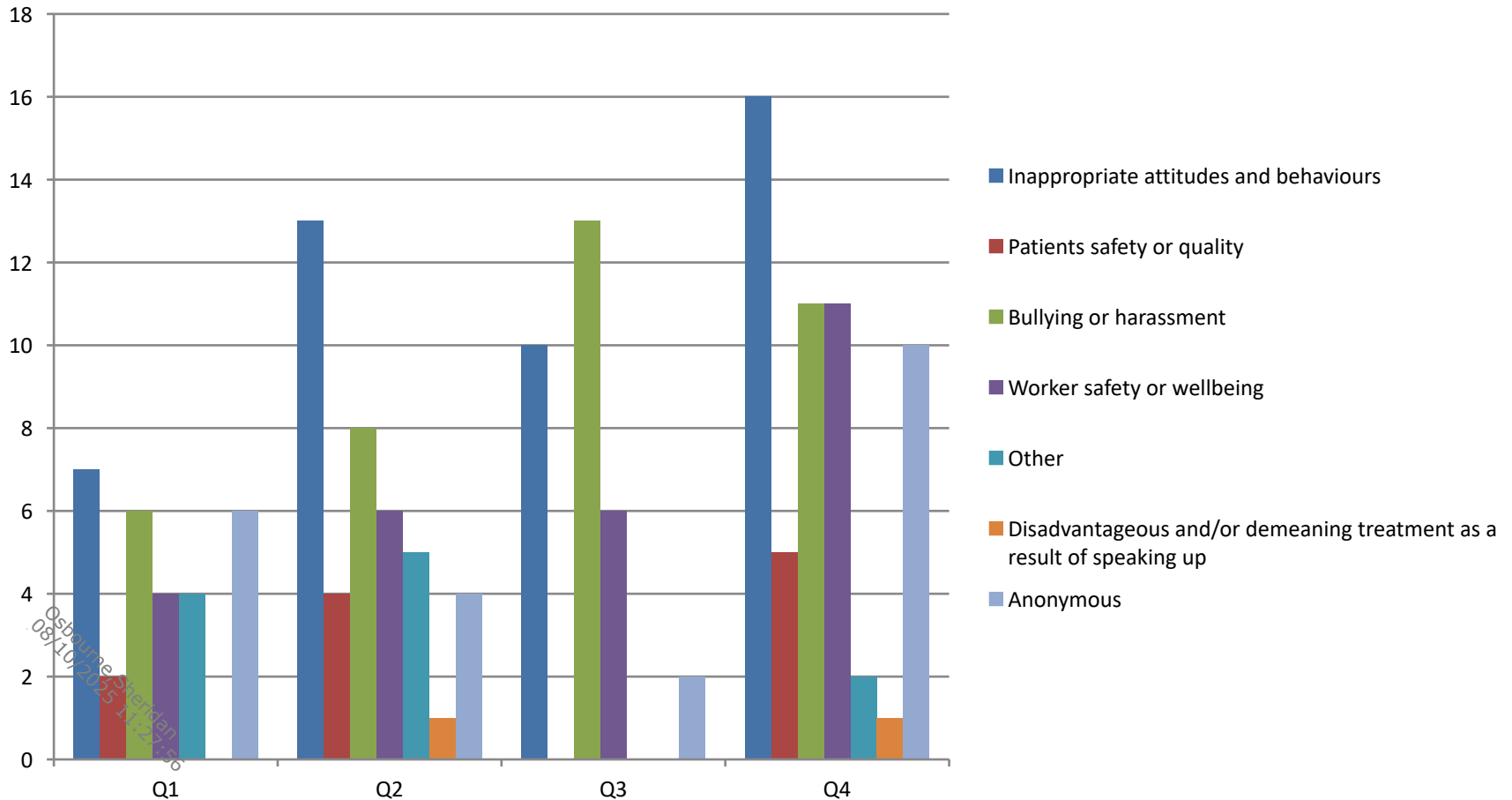
Total number of concerns raised per year



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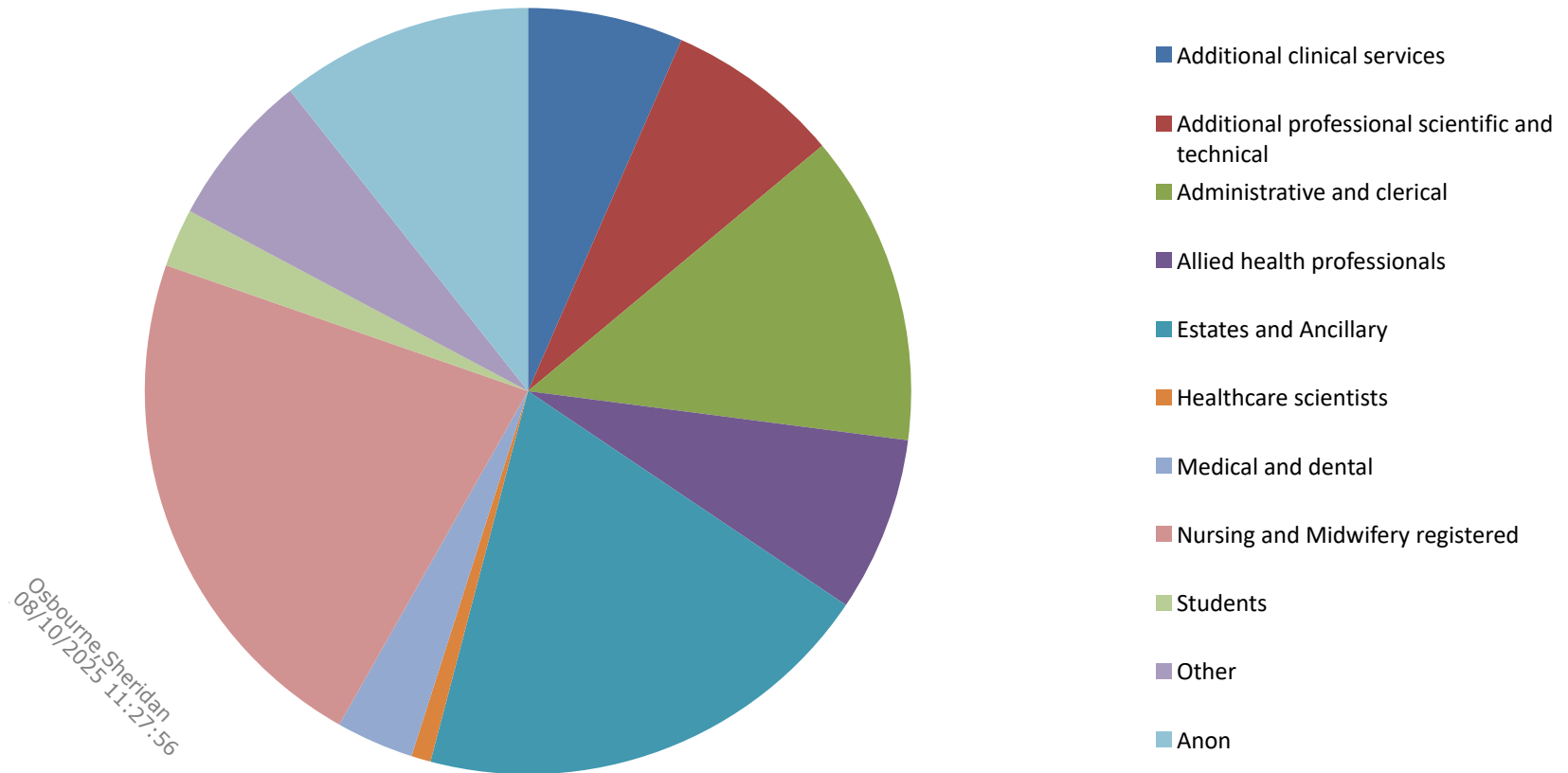
Freedom to Speak up

FTSU data by NGO categories 2024-25



Freedom to Speak up

Concerns by staff group 2024-25 Total



Freedom to Speak up Staff survey 2024 – We each have a voice that counts – raising concerns



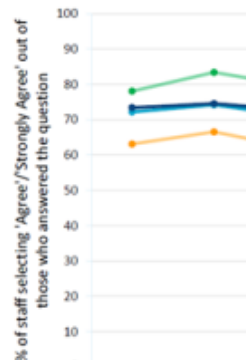
People Promise elements and theme results – We each have a voice that counts: Raising concerns

Survey
Coordination
Centre



Q20a I would feel secure raising concerns about unsafe clinical practice

Q20b I am confident that my organisation would address my concern.



	2020	2021
Your org	73.39%	74.55%
Best result	78.06%	83.39%
Average result	72.16%	74.20%
Worst result	63.08%	66.55%
Responses	2720	2944



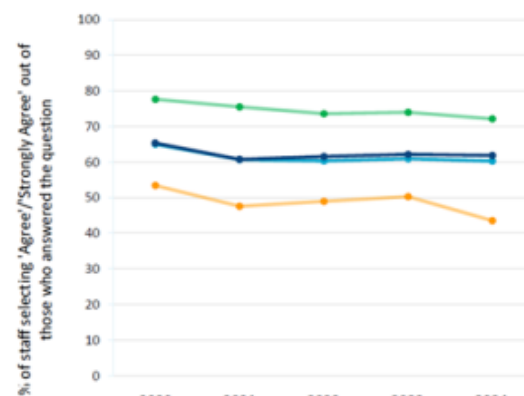
People Promise elements and theme results – We each have a voice that counts: Raising concerns

Survey
Coordination
Centre

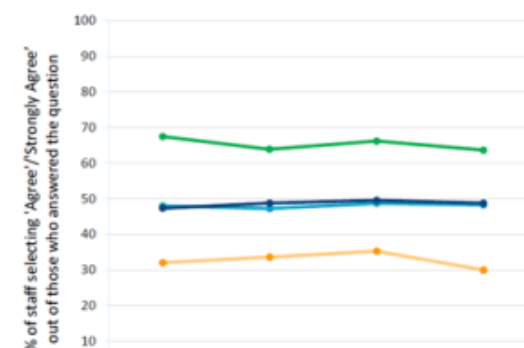


Q25e I feel safe to speak up about anything that concerns me in this organisation.

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2020	2021	2022	2023	2024
Your org	65.34%	60.77%	61.56%	62.16%	61.88%
Best result	77.65%	75.50%	73.58%	74.00%	72.15%
Average result	65.01%	60.68%	60.37%	60.93%	60.29%
Worst result	53.44%	47.61%	48.97%	50.33%	43.56%
Responses	2715	2937	2333	2860	3559



	2021	2022	2023	2024
Your org	47.28%	48.74%	49.53%	48.74%
Best result	67.43%	63.83%	66.16%	63.63%
Average result	47.94%	47.23%	48.67%	48.23%
Worst result	32.01%	33.59%	35.24%	29.95%
Responses	2935	2328	2863	3555

Bradford Teaching Hospitals NHS Foundation Trust Benchmark report

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Freedom to Speak up

From the 2024 staff survey there are three key changes to ensure improvements in speaking up:

1. Embedding a culture of listening and action

- Clear standardised process so that leaders at all levels understand and fulfil their responsibility to act.
- Training that goes beyond awareness – equipping leaders with the skills and accountability to respond effectively.

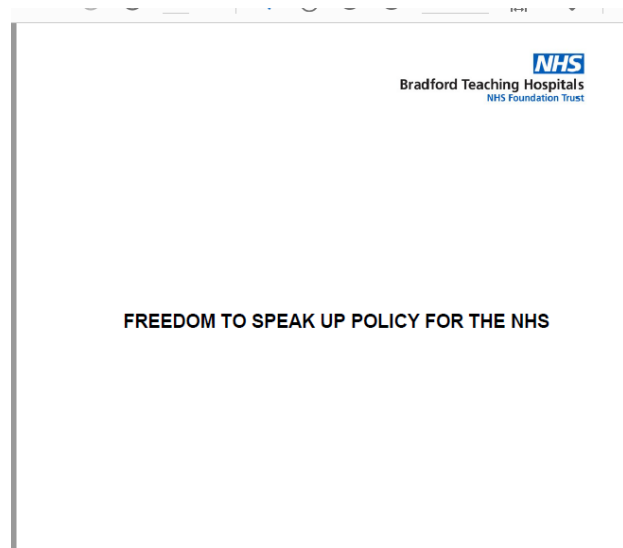
2. Greater accountability for leaders and organisations

- Leaders must be held responsible for fostering a culture where staff feel safe to speak up and see their concerns addressed.
- Organisations must be accountable for how they handle concerns – not just encouraging speaking up but demonstrating that concerns lead to meaningful action.
- System-wide oversight must be strengthened, ensuring that when concerns are raised, there is clear follow-through and consequences for inaction.

3. Strengthening and standardising the guardian role

- There must be greater consistency in how the Freedom to Speak Up guardian role is implemented across organisations. This includes:
 - Ensuring guardians have sufficient time and resources to carry out their duties effectively.
 - Safeguarding their impartiality

FTSU policy



Employees at Bradford Teaching Hospitals have a right & duty to raise a concern, particularly patient safety & effective patient care & services.
The FTSU policy supports this process & explains the different ways that staff can raise a concern.
The policy is on the Trust's intranet.

The NHS People Promise commits to ensuring that “we each have a voice that counts, that we all feel safe & confident to speak up, & take the time to really listen to understand the hopes & fears that lie behind the words”.

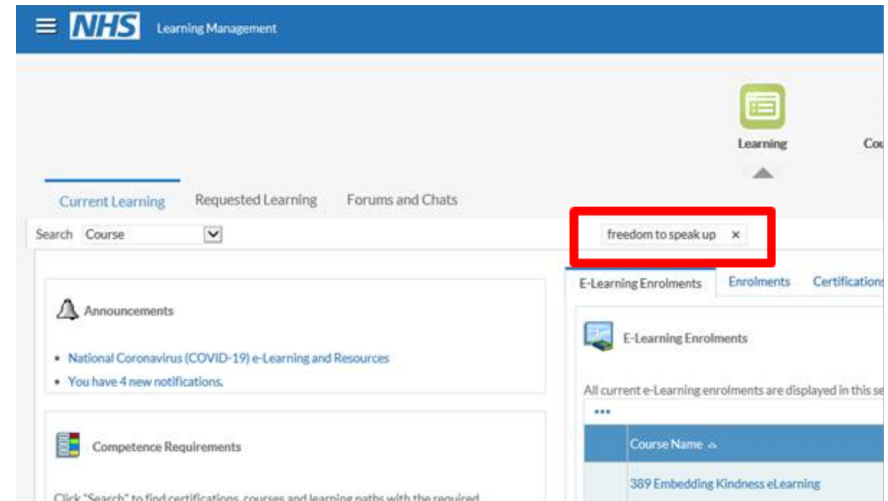
Freedom to Speak up Training for staff

Navigate to the 'My Learning' section of ESR and type 'Freedom to speak up' or 'Speak up' into the search bar and then press Go.

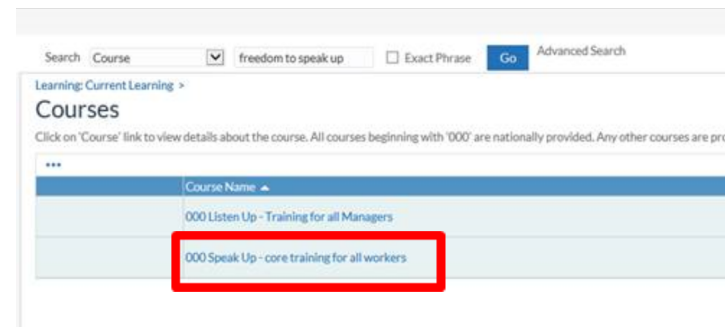
Speak Up – is for all staff & covers what speaking up is & why it matters.

Listen Up – for managers, focuses on listening & understanding the barriers to speaking up.

Follow up – is for senior leaders provides an opportunity to pause & reflect on the influence they & fellow leaders have in shaping the speak up culture in our organisation.



You will see the course in the screen shot below:



Then just enrol and play the course in the usual way.

How to raise a concern

A FTSU concern can be raised in three ways:

- By emailing speakup.guardian@bthft.nhs.uk
- By scanning the QR code on the FTSU intranet page and downloading the App to your smart phone (this can also be used anonymously)
- By contacting the FTSU Guardian - Sue Franklin or one of the FTSU team directly by telephone, email or in writing

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Sue Franklin

How to escalate a concern

A FTSU concern can also be raised to:

- The Executive director responsible for FTSU, Karen Dawber, Chief Nurse
- The Non-Executive director lead for FTSU – TBC
- The CEO, Mel Pickup
- The Chair of the Trust – Sarah Jones
- Any other Executive or Non-Executive director

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Thank you

Any Questions?

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Council of Governors				
Meeting Date:	9/10/2025		Agenda Reference:	CGo.10.25.11
Report Title:	Policies and Procedures task and finish group			
Presented by:	Laura Parsons, Assistant Director of Corporate Governance/Board Secretary			
Lead:	Sarah Jones, Chair			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input checked="" type="checkbox"/>
Summary of Key Issues/Highlights:	<p>The Policies and Procedures Task and Finish Group was established by the Council in July 2024 with a remit to review the following items:</p> <ul style="list-style-type: none"> - Lead Governor role definition - Governor Induction Programme - Code of Conduct for NEDs/Governors - Process for Managing Concerns (<i>previously referred to as process in the case of the proposed removal of a NED or Chair</i>) - Governors Standing Orders - Council of Governors Engagement Policy - Annual Objectives for CoG - CoG Terms of Reference - Engagement Policy - Membership Engagement - Significant Transactions - Council of Governors work plan <p>The Lead Governor role definition and, the Governor Induction Programme have been concluded and approved by the Council.</p> <p>The membership of the Task and Finish Group includes the Chair, Governors, Non-Executive Directors and Executive Directors.</p> <p>The membership of the Group currently comprises the following:</p> <ul style="list-style-type: none"> • Sarah Jones, Chair • Mark Chambers, Patient Governor/Lead Governor • Philip Turner, Public Governor • Zafir Ali, Non-Executive Director • David Moss, Director of Estates & Facilities <p>The group would benefit from at least two additional Governors and one Executive Director.</p> <p>The Chair will seek a new executive member to join the group. Volunteers from the Council of Governors would be welcome to fill the vacancies left by those Governors who are no longer members of the Council.</p>			

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Recommendation/s: (including any decision/approval required)	Governors are asked to confirm if they are available to join the Policies and Procedures Task and Finish Group by close of Thursday 16 October 2025 to corporate.governance@bthft.nhs.uk
Link to Strategic Objective:	N/A
Link to Priority Initiatives 2025/26:	N/A
Implications	
Risk:	N/A
Legal/Regulatory:	N/A
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	N/A

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A summary of our response to attendees of the Bradford Black Health Forum event

This summary provides a high level overview of our comprehensive and detailed response to each of the questions raised by attendees at the Black Health Forum community engagement event. We would welcome an opportunity to explore this topic with the Bradford Black Health Forum and other community groups in a deliberative style so we can work together on addressing the ongoing challenges faced by our communities and also sharing the work we have done as a result of what people have shared with us.

HEALTH INEQUALITIES

- We can confirm that the Trust has health equity and health inequalities as one of its priority areas. Our Board receives updates on progress, having previously taken part in a Board development day on health inequalities.
- To help us understand the factors that lead to inequalities, and more specifically health inequalities, we are using information (data) collected through research as well as through what we, or our partners, have heard from our communities. In addition we make a concerted effort to carry out equality and quality impact assessments when developing our plans or when we consider making changes to services.
- As a larger local employer, we have developed programmes of work to open up employment and learning opportunities for people from our communities as well as looking at how we can use our other resources – including our buildings - to support local people.
- Our pioneering and widely recognised research programmes, including Born in Bradford, help us understand what matters to our communities now and what they might need in the future. Our research work is based on effective and inclusive co-production.

EQUALITY, DIVERSITY AND INCLUSION (EDI) TRAINING AND IMPLEMENTATION

- We are holding our first EDI conference for our colleagues on the theme of belonging which takes place on 22 October. In addition we have established a 'Leading at a Higher Level' course for managers with a strong focus on creating a culture that brings the best out of all our people.
- We are directly contributing to a new place-based anti-racist framework that includes an accreditation model with a bronze, silver and gold award to allow organisations to demonstrate the progress they're making in becoming anti-racist.
- Our thriving staff equality networks have helped shape internal cultural awareness events including our recent South Asian Heritage Month and Black History Month activities.
- We have a well-established programme of training that includes an opportunity to measure our progress against our EDI objectives.

WORKING WITH OUR COMMUNITIES

- We have established a monthly community engagement meeting, running alongside regular involvement events that includes an opportunity to show 'you said, we did'.
- We are working with the Black Health Forum to develop a co-produced set of resources to raise awareness of our patient advice and liaison service. We have embedded the national Making Every Action Count initiative with focused work in outpatients to help people access community-based health and lifestyle support.

- As active contributors to the work of our place-based partners we have been involved in the 'Listen in' programme, including any shared learning that demonstrates the actions we have taken based on people's feedback. The most recent 'Listen in' cycle focused on minoritised communities.

BOARD LEVEL DIVERSITY

- While our workforce diversity is at 43%, and our Board is comparatively diverse, we recognise that more needs to be done to increase the diversity of our Board. A key area for improvement within our Workforce Race Equality Standard (WRES) action plan is ethnic minority representation at senior levels.
- The Trust has hosted candidates from Gatenby Sanderson's Insight Programme to give prospective Non-Executive Directors from under-represented groups first-hand experience of how Boards in the public and not for profit sectors work.

SAFEGUARDING

- We report incidents on a monthly basis with our Quality Committee, with any actions followed up and reported back.
- Compliance against safeguarding training is at 94%, this demonstrates a Trust-wide commitment to ensuring everyone understands their duties to keep people safe.
- Our safeguarding teams are visible on wards, supporting patients to help them share any incidents of abuse. Staff are required to ensure all actions and decisions are fully recorded in the patient's medical or nursing notes.

VOLUNTEERING

- We have revamped our volunteering offer to provide greater flexibility for people wanting to give something back to their communities and to their local NHS.
- As part of our refreshed approach, we have recognised the need to reach our communities in different ways. This now includes a dedicated Facebook page for volunteering, alongside information shared through our voluntary, community and social enterprise sector partners.
- Our first annual report for volunteering is due to be published that demonstrates the positive impact of volunteering and how we continue to evolve our ways of working with our communities.

Osbourne, Sheridan
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